

Name  
in  
Full

Mary Elizabeth Addison

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Odenton

Anne Arundel

Date

Month

Day

Years

Months

Days

of death

1909 October 25<sup>th</sup>

Age

29

TO BE ANSWERED BY  
NEAREST FRIEND

Sex

Female

Color or  
Race

Colored

Birth-  
place

Maryland

Occupation

housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

married

Name of Wife or  
Husband

Alfred Addison

Father's  
Name

Isiah Robinson

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Katharine Robinson

Mother's  
Birthplace

"

Name of person giving  
Information

Alfred Addison

How related  
to deceased

husband

## CAUSES OF DEATH

34

PHYSICIAN  
OR CORONER

Primary

General Tuberculosis

How long

12 mos

Immediate

Tubercular peritonitis &amp; exhaustion

How long

6 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

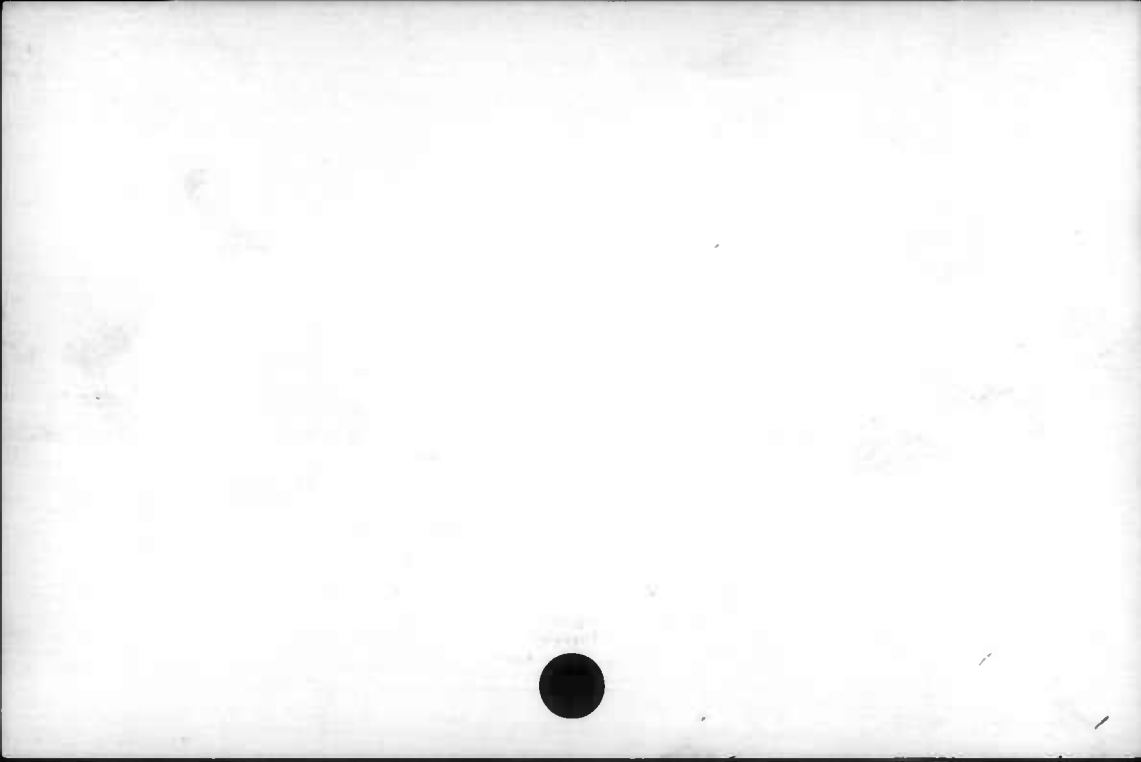
Signature of  
Physician

Oscar H. H. H. H.

Address

Odenton Md

Accident or Suicide



Name  
in  
Full

Eleanor Appelgreen

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Curtis Bay</i>		Town <i>Bay</i>		County <i>A.A. County</i>		State <i>MARYLAND</i>	
Date of death <i>1909</i>		Month <i>Oct</i>	Day <i>14</i>	Age <i>—</i>	Years <i>—</i>	Months <i>7</i>	Days <i>17</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birthplace <i>Curtis Bay Md</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Chas. Wm. Appelgreen</i>				Father's Birthplace <i>Finland</i>			
Mother's Maiden Name <i>Maria Renquist</i>				Mother's Birthplace <i>Finland</i>			
Name of person giving Information <i>Maria Appelgreen</i>				How related to deceased <i>Mother</i>			

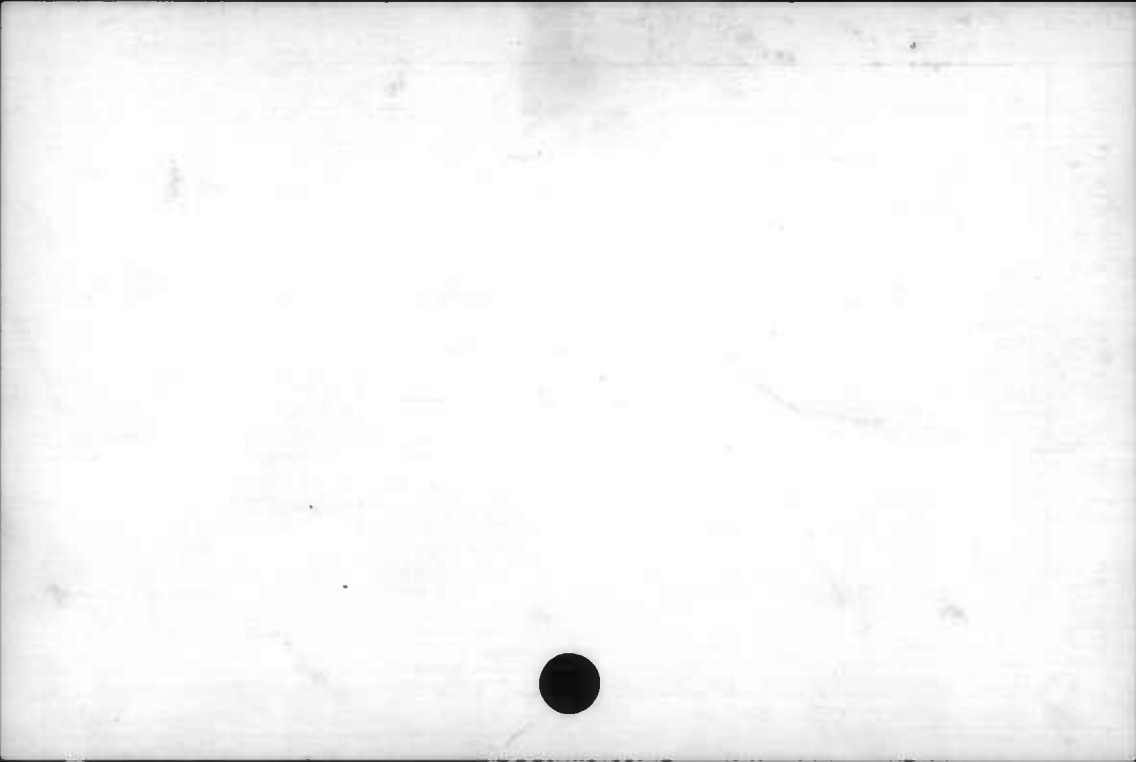
## CAUSES OF DEATH

105

✓

PHYSICIAN  
OR CORONER

Primary <i>Enterocolitis</i>	How long <i>3 months</i>
Immediate <i>Lobular pneumonia</i>	How long <i>One week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. Kahru M.D.</i>
	Address <i>1823 W North St</i>
Accident or Suicide <i>No</i>	



Name  
in  
Full

*Mary Blake*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

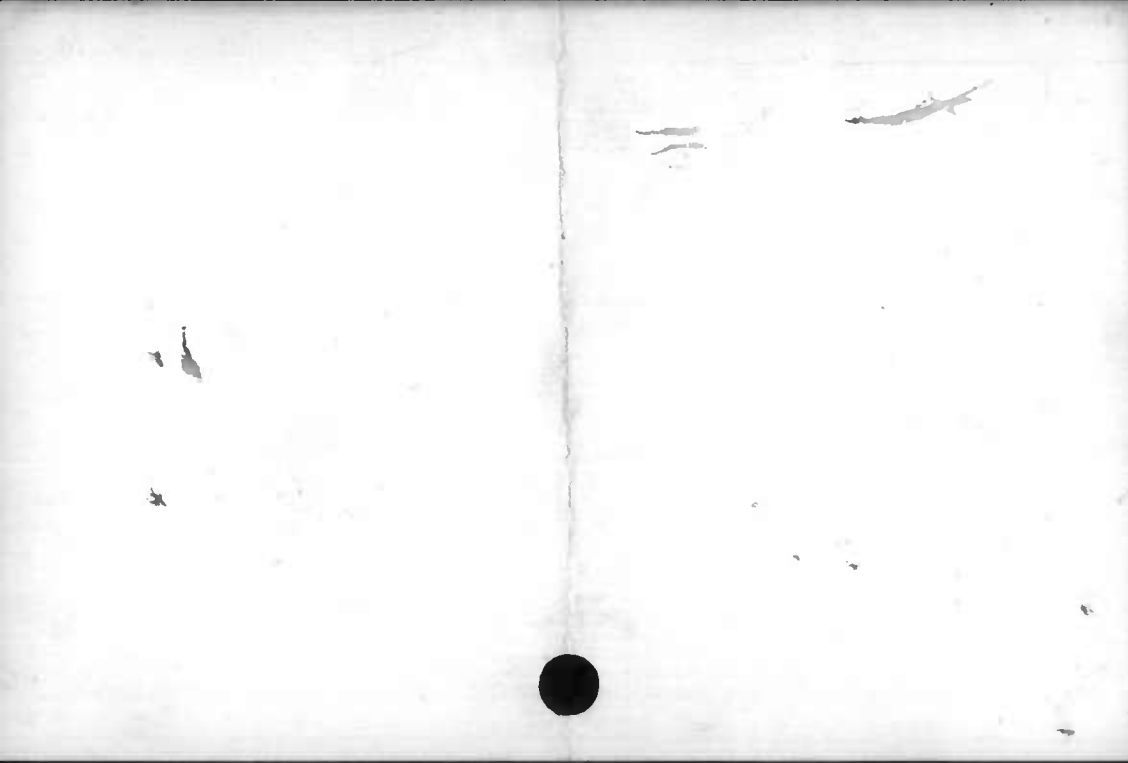
Died at <i>Lothian</i> Town		<i>QA County</i> County		MARYLAND	
Date of death	190 <i>9 Oct</i> Month	<i>5</i> Day	Age <i>22</i> Years	<i>-</i> Months	<i>-</i> Days
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>QA County Md</i>			
Occupation <i>House girl</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Tom Blake</i>	Father's Birthplace <i>Calvert Co, Md</i>		Mother's Birthplace <i>QA Co, Md</i>		
Mother's Maiden Name <i>Mary Ellen Thomas</i>	How related to deceased <i>None</i>				
Name of person giving Information <i>Washington Easton</i>					

CAUSES OF DEATH

(27) ✓

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>don't know</i>
Immediate <i>Hemorrhage</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>She lived in Washington</i>	Signature of Physician <i>William County, MD</i>
	Address <i>West River, Md</i>
Accident or Suicide	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Millersville</i> Town <i>Millersville</i> County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>October</i>	Day <i>20</i>	Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>2</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Millersville</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>	
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>William Boyer</i>		Father's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Lina Albert</i>		Mother's Birthplace <i>"</i>	
Name of person giving information <i>Eloy Boyer</i>		How related to deceased <i>Uncle</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Congenital Syphilis</i>	How long <i>48 hours</i>
Immediate <i>i do</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Oscar H. M. ...</i>
	Address <i>Odenton Md.</i>
Accident or Suicide? <i>8</i>	





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Jas. T. Branzell*

Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis*

Date of death 1909 *Oct* Month *15* Day *56* Age *11* Months *21* Days

Sex *Male* Color or Race *White* Birth-place *Annapolis Md*

Occupation *Labourer* Where Residing if not at place of death ☒

Married, Single or Widowed *Widower* Name of Wife or ~~husband~~ *Eliza (Dead) Branzell*

Father's Name *Jas. T. Branzell* Father's Birthplace *Ireland*

Mother's Maiden Name *Margaret Frazer* Mother's Birthplace *Washington D.C.*

Name of person giving Information *Jno. H. Martin* How related to deceased *Nephew*

## CAUSES OF DEATH

98

PHYSICIAN  
OR CORONER

Primary *Emphysema* How long *1 year*

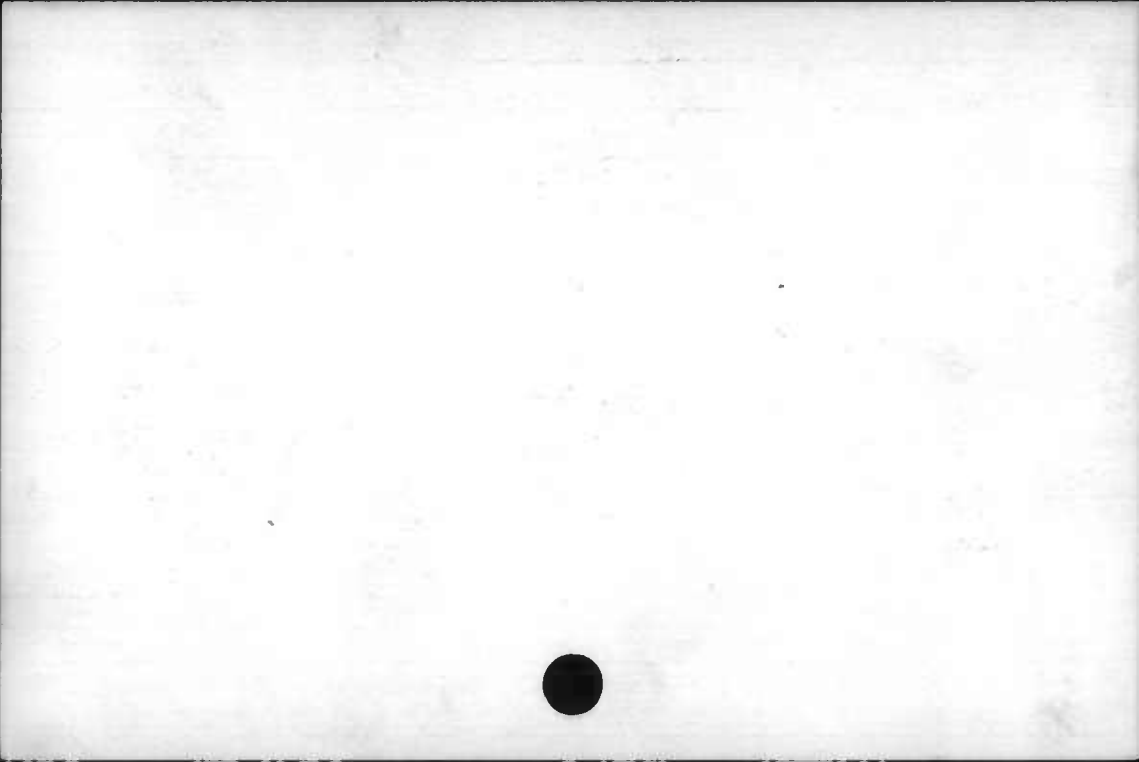
Immediate *Cardiac Asthenia* How long *2 months*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Jms Welch*

Address *Annapolis*

Accident or Suicide *—*



## CERTIFICATE OF DEATH

### CAUSES OF DEATH

12-1-12

12-1-12



Name  
in  
Full

Rosana Brown.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

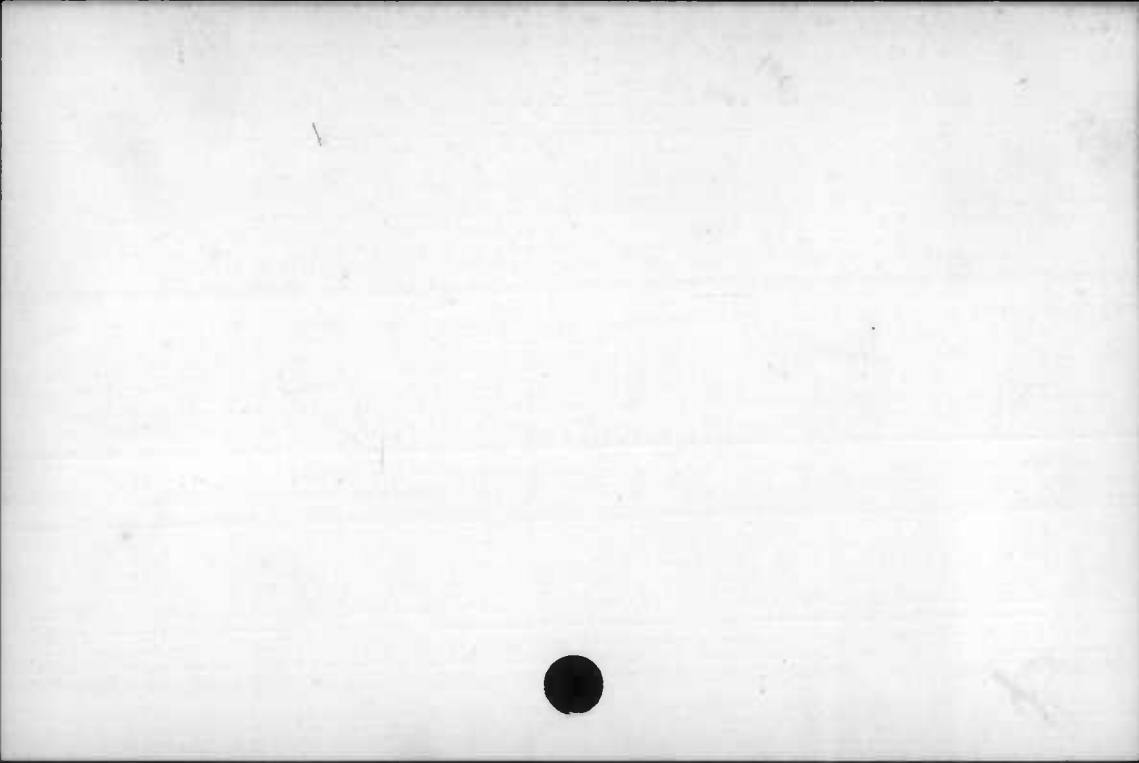
Died at <i>Saubrills</i> <sup>Town</sup>			<i>A. Maryland</i> <sup>County</sup>			MARYLAND			
Date of death <i>1904</i>		<i>Oct</i> <sup>Month</sup>		<i>1</i> <sup>Day</sup>		<i>—</i> <sup>Months</sup>		<i>22</i> <sup>Days</sup>	
Sex <i>Female</i>			Color or Race <i>colored</i>			Birth-place <i>Saubrills,</i>			
Occupation <i>_____</i>				Where Residing if not at place of death <i>_____</i>					
Married, Single or Widowed <i>_____</i>				Name of Wife or Husband <i>_____</i>					
Father's Name <i>Thomas Brown</i>				Father's Birthplace <i>Maryland,</i>					
Mother's Maiden Name <i>Rosana Brown</i>				Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Thomas Brown</i>				How related to deceased <i>father</i>					

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary <i>Malnutrition</i>		How long <i>three weeks</i>	
Immediate <i>Marasmus &amp; exhaustion</i>		How long <i>One week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>O. H. Newman, M.D.</i>	
<i>X</i> Accident or Suicide?		Address <i>Odenton Md</i>	



Name  
in  
Full

George Albert Campher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

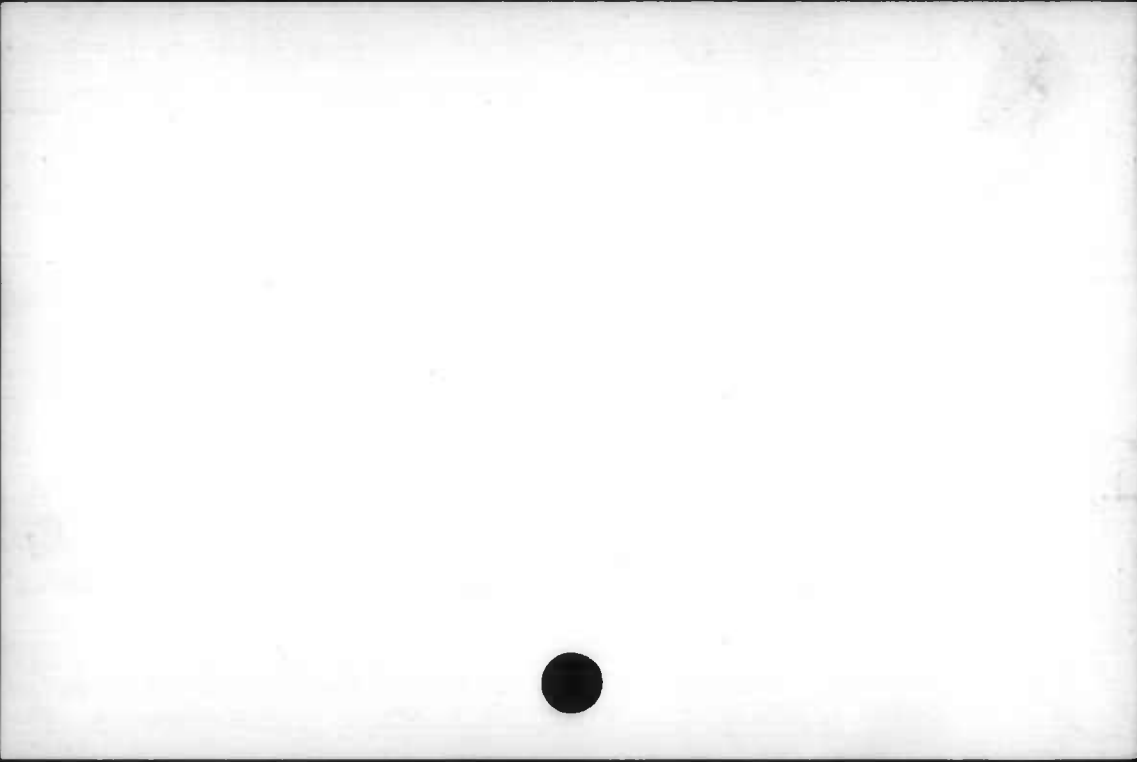
Died at <i>Lake Shore</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death <i>1909</i>		Month <i>Oct.</i>		Day <i>9</i>		Age <i>-</i>		Months <i>3</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Anne Arundel Co</i>					
Occupation <i>-</i>				Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>							
Father's Name <i>Stephen Campher</i>		Father's Birthplace <i>Baltimore, Md.</i>							
Mother's Maiden Name <i>Louise Watts</i>		Mother's Birthplace <i>Anne Arundel Co</i>							
Name of person giving Information <i>Stephen Campher</i>		How related to deceased <i>Father</i>							

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary <i>Slow Cholera</i>	How long <i>2 months</i>
Immediate <i>Heart Failure</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Billingsley MD</i>
Accident or Suicide <i>No</i>	Address <i>Sub. registrar 3<sup>rd</sup> dist. G.A.G. Md.</i>





Name  
in  
Full

Margaret Carroll.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Camp Parole.		County A-a--.		MARYLAND	
Date of death		Month 1909	Day Oct	Years 28.	Age 23	Months —	Days —
Sex Female		Color or Race Colord		Birth-place South River			
Occupation Domestic		Where Residing if not at place of death Camp Parole.					
Married, Single or Widowed Married		Name of Wife or Husband Joseph T Carroll.					
Father's Name Anthony Wilson		Fether's Birthplace South River					
Mother's Maiden Name Tamma Johnson.		Mother's Birthplace South River					
Name of person giving Information Joseph Carroll		How related to deceased Husband					

Kreese.

## CAUSES OF DEATH

Primary	Nephritis	How long	4 weeks
Immediate	Cardiac. Exhaustion	How long	48 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		P. P. X...	
Address		60 Cathedral St Annapolis Md	
Accident or Suicide		NO.	

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

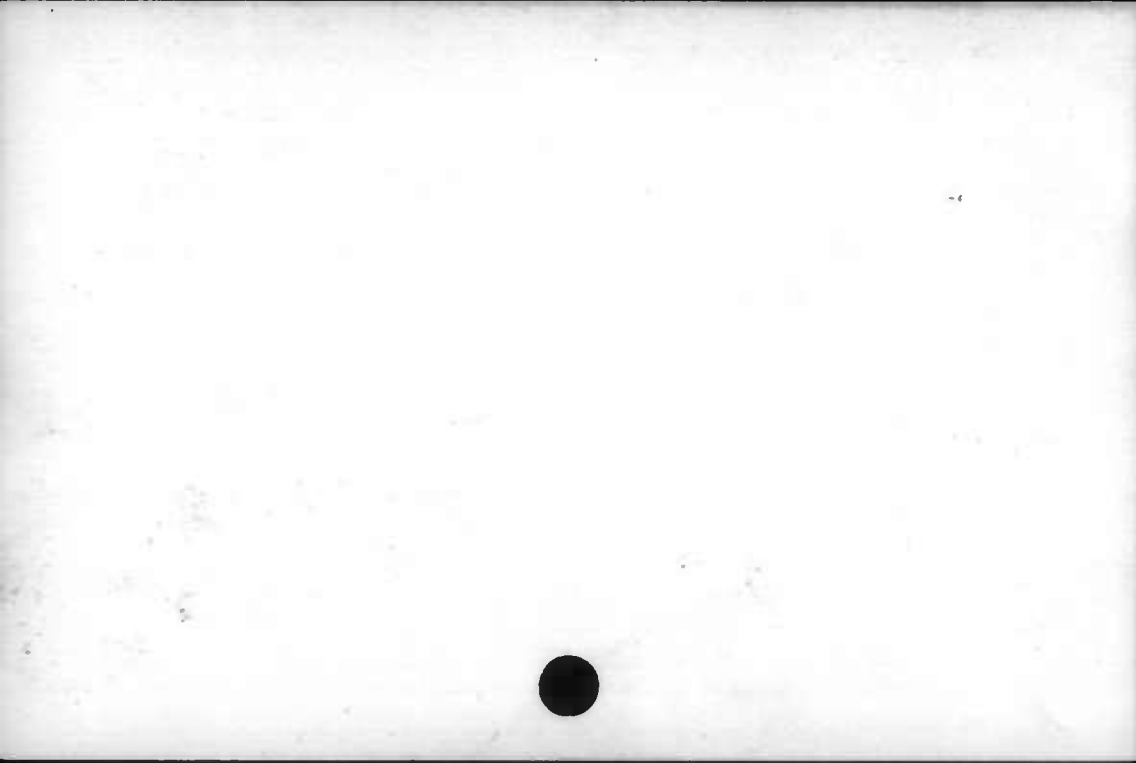
Name in Full <b>William Henry Carroll</b>		Town <b>Annapolis</b>		County <b>St. Ch.</b>		State <b>MARYLAND</b>	
Died at <b>Annapolis</b>		Month <b>Oct</b>		Day <b>24</b>		Year <b>1909</b>	
Date of death <b>1909 Oct 24</b>		Age <b>79</b>		Months <b>8</b>		Days <b>—</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Annapolis</b>			
Occupation <b>Oysterman</b>				Where Residing if not at place of death <b>—</b>			
Married, Single or Widowed <b>Widower</b>		Name of Wife or Husband <b>Ruth Carroll</b>					
Father's Name <b>Thomas Carroll</b>		Father's Birthplace <b>Unknown</b>					
Mother's Maiden Name <b>Jennie Frasier</b>		Mother's Birthplace <b>Md.</b>					
Name of person giving Information <b>Alice Wootton</b>		How related to deceased <b>Daughter</b>					

## CAUSES OF DEATH

44

PHYSICIAN  
OR CORONER

Primary <b>Epithelioma of Face.</b>	How long <b>2 or 3 yrs</b>
Immediate <b>Exhaustion.</b>	How long <b>2 weeks</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>Louis B. Deane</b>
Address <b>Annapolis, Md.</b>	
Accident or Suicide <b>Neither.</b>	



Name  
in  
Full

Levenia Chambers

CERTIFICATE OF DEATH

Died at <sup>Town</sup> South River <sup>County</sup> Anne Arundel MARYLAND

Date of death 1909 <sup>Month</sup> Oct <sup>Day</sup> 14 <sup>Years</sup> Age 45 - <sup>Months</sup> <sup>Days</sup>

Sex Female <sup>Color or Race</sup> Colored <sup>Birth-place</sup> Maryland

Occupation Housewife <sup>Where Residing if not at place of death</sup>

Married, Single or Widowed Widowed <sup>Name of Wife or Husband</sup> Philip Chambers

Father's Name William Garrett <sup>Father's Birthplace</sup> Maryland

Mother's Maiden Name Sarah Wallace <sup>Mother's Birthplace</sup> Maryland

Name of person giving Information Annie Garrett <sup>How related to deceased</sup> Sister

CAUSES OF DEATH

Primary Typhoid fever <sup>How long</sup> 9 days  
Immediate Heart failure <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above? yes

<sup>Signature of Physician</sup> John Collinson  
<sup>Address</sup> South River Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Erskson Colbert

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Annapolis		Annapolis		a-a-			
Date of death		Month	Day	Age	Years	Months	Days
1909		Oct	18			1	
Sex		Color or Race		Birth-place			
Male		Colord		Annapolis			
Occupation				Where Residing if not at place of death			
				Bladen Street Ext.			
Merriad, Single or Widowed		Name of Wife or Husband		Father's Birthplace			
single				Annapolis			
Father's Name		Mother's Maiden Name		Mother's Birthplace			
Anthony Colbert		Rosa Turner		Annapolis			
Name of person giving Information		How related to deceased					
Rosa Colbert		Mother					

Ridout

## CAUSES OF DEATH

Primary

Congenital Debility - Since Birth

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

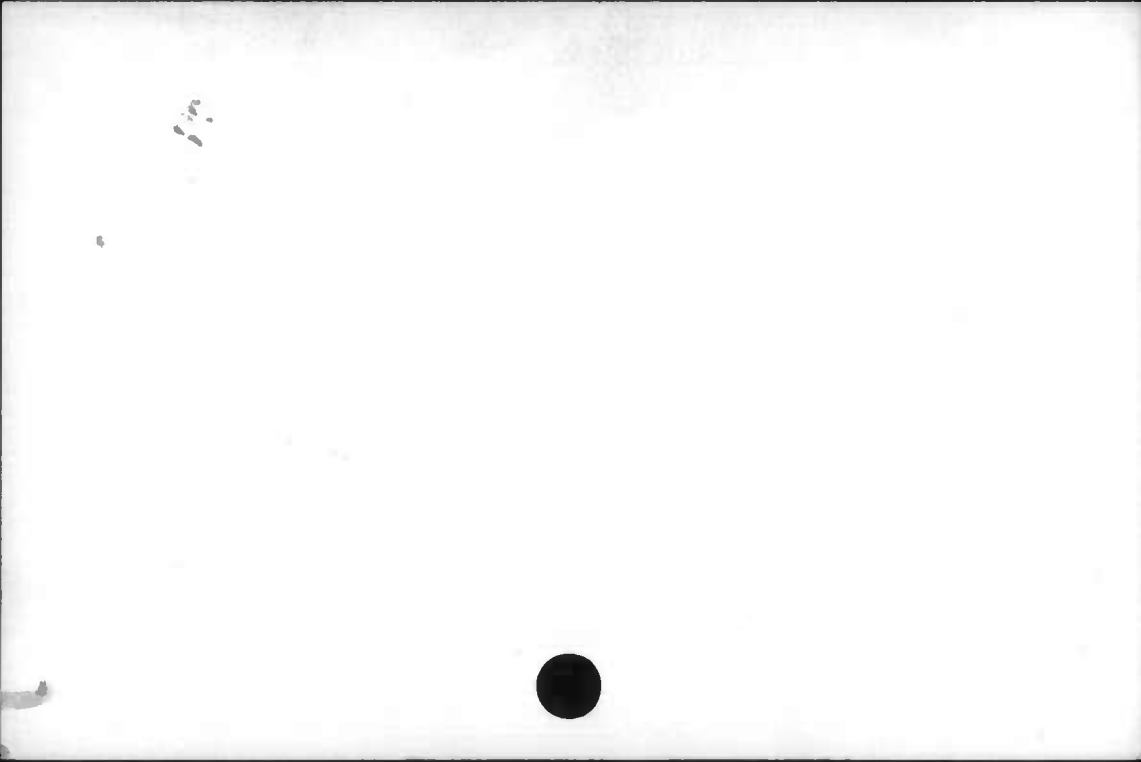
Yes

Signature of Physician

Address

John Ridout, M.D.  
Annapolis  
Md.PHYSICIAN  
OR CORONER

Accident or Suicide





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Thomas Dorgan Jr

Died at Annapolis

Town

County

MARYLAND

Date

of death 190

Month

Day

Years

Months

Days

Age

Sex

Color or  
Race

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

CAUSES OF DEATH

120

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

Address

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

Hester Dance

Town

County

MARYLAND

Died at Jones Station

Anne Arundel

Date of death 1909 Oct.

Day 12

Age 59

Months

Days

Sex

Female

Color or Race

White

Birthplace

St. Michael's

Occupation

House Wife

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

John Dance

Father's Name

John Sharper

Father's Birthplace

Unknown

Mother's Maiden Name

Unknown

Mother's Birthplace

Unknown

Name of person giving Information

Mrs. Gardner

How related to deceased

CAUSES OF DEATH

Primary

Hyperemia of the liver (active)

How long

6 days

Immediate

Immediate cardiac failure

How long

3 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

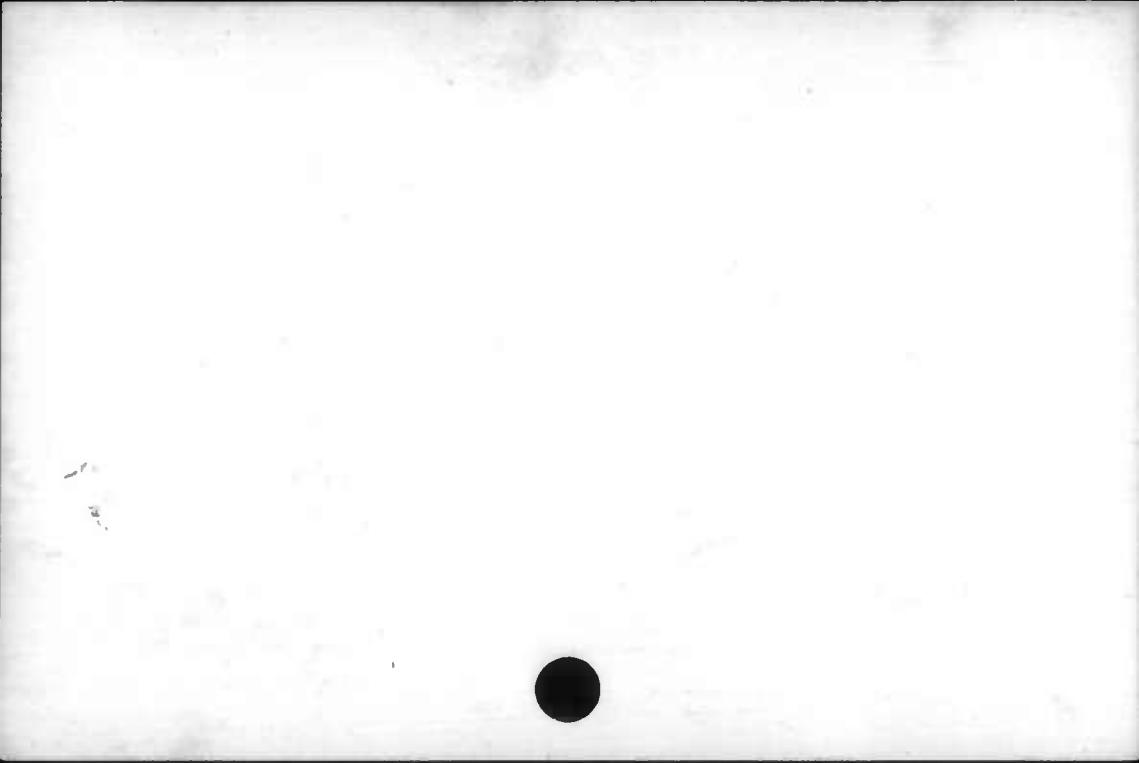
Address

For. C. Joyce M.D.  
Tarnold's Ind.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORNER



Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIENDJ. Stanton Davis  
Town Annapolis County A. A. C.  
Died at  
Date of death 1909 October 14 Age 0  
Month October Day 14 Years 0 Months 11 Days —Sex Male Color or Race White Birth-place Annapolis  
Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Royal J. Davis

Father's Birthplace Ridgefarm, Md.

Mother's Maiden Name Louise Stanton

Mother's Birthplace Bridgeport, Ind.

Name of person giving Information Royal J. Davis

How related to deceased Father

## CAUSES OF DEATH

105

✓

Primary Also Colitis

How long 4 or 5 mos

Immediate Malnutrition

How long One month or less

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John Purvis  
Annapolis,  
Maryland.

Accident or Suicide

No

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mike Denty

Died at *Sollers*

Town

County

Anne Arundel

MARYLAND

Date of death 1909 Oct

Month

Day

4

Age

Years

36

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

dont know

Occupation

Labor

Where Residing if not  
at place of death

1200 Torson St  
Locust Point Balt

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

dont know

Father's  
Birthplace

dont know

Mother's  
Maiden Name

dont know

Mother's  
Birthplace

dont know

Name of person giving  
Information

R. C. Owens

How related  
to deceased

Friend

CAUSES OF DEATH

166

✓

Primary

Fell off a barge striking his head on a log

How long

Immediate

Hemorrhage of the Brain

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

John E. Potee Cor

Address

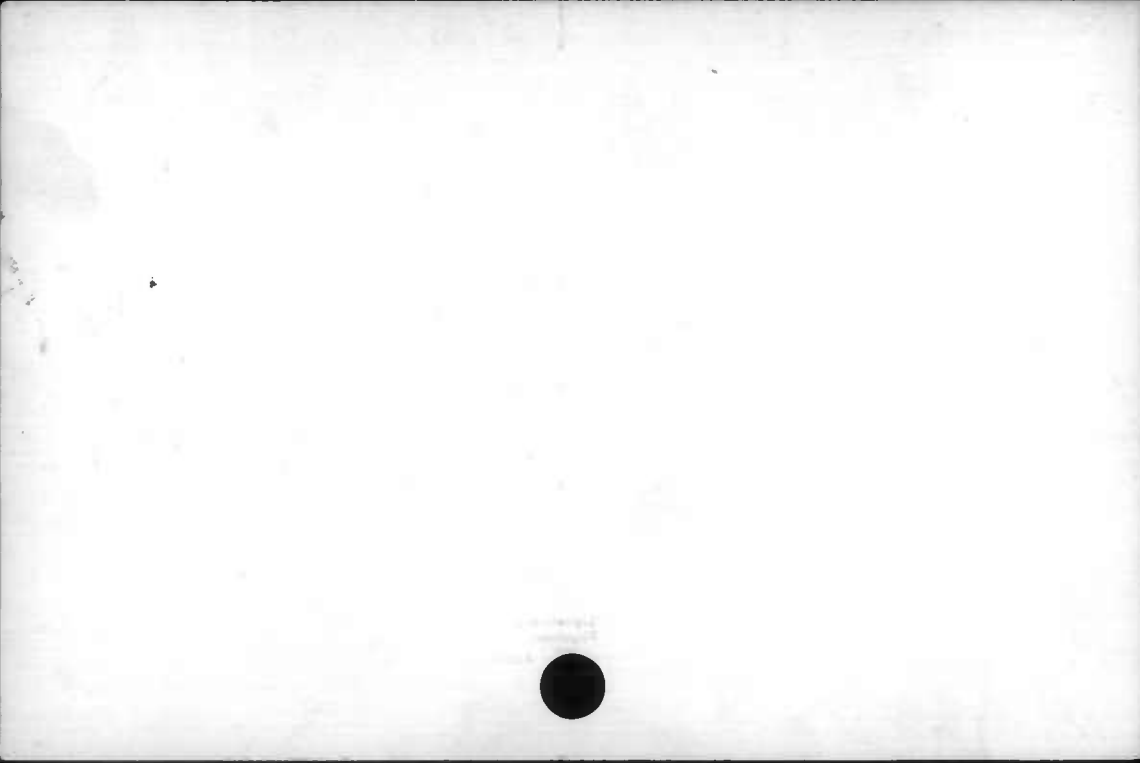
Brooklyn

Accident or Suicide

Accident

A A C Md

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Charles Hasler Dexter</i>		Town <i>Annapolis</i>		County <i>a.a.co.</i>		MARYLAND	
Died at <i>Annapolis</i>		Month <i>Oct</i>		Day <i>18</i>		Years <i>77</i>	
Date of death <i>1909 Oct 18</i>		Age <i>77</i>		Months <i>2</i>		Days <i>8</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Washington D.C.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Margaret W. Dexter</i>					
Father's Name <i>John Warner Dexter</i>		Father's Birthplace <i>Wash., D.C.</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Don't know.</i>					
Name of person giving Information <i>Chas. J. Dexter</i>		How related to deceased <i>son</i>					

## CAUSES OF DEATH

47

✓

PHYSICIAN  
OR CORONER

Primary <i>Rheumatism (acute)</i>	How long <i>6 or 8 weeks</i>
Immediate <i>" " "</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William Parsons</i>
Accident or Suicide <i>no</i>	Address <i>Annapolis, Md.</i>



Name  
in  
Full

Infant Child

Digger

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumbersstone</i>		Town		<i>a a</i>		County		MARYLAND	
Date of death <i>1909 Oct 19</i>		Month		Day		Years		Months	
Sex <i>male</i>		Color or Race <i>color</i>		Birthplace <i>a a c md</i>		Days <i>6</i>			
Occupation				Where Residing if not at place of death <i>Cumbersstone</i>					
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>Thomas Digger</i>					
Father's Name <i>Thomas Digger</i>				Father's Birthplace <i>a a c md</i>					
Mother's Maiden Name <i>Kate Wilson</i>				Mother's Birthplace <i>a a c md</i>					
Name of person giving Information <i>Thomas Digger</i>				How related to deceased <i>father</i>					

## CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary *Infant; Cause of death Unknown;*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*yes.*

Signature of Physician

*H. H. Jauch*

Address

*Sub Reg.*

Accident or Suicide

*Neither*



Name  
in  
Full

Amie E. Howell

## CERTIFICATE OF DEATH

Town

County

Died at Hamproll md

a. a. co

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190 7

Oct

12<sup>th</sup>

Age

60 yrs

Sex

Female

Color or  
Race

Colored

Birth-  
place

unknown

Occupation

House work

Where Residing if not  
at place of death

Hamproll md

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

William Howell

Father's  
Name

unknown

Father's  
Birthplace

unknown

Mother's  
Maiden Name

Eliza Anderson

Mother's  
Birthplace

a. a. co

Name of person giving  
Information

Sadie Howell

How related  
to deceased

Daughter

## CAUSES OF DEATH

98

Primary

Hypertrophic Emphysema

How long

One year

Immediate

Cardiac Failure

How long

One hour

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

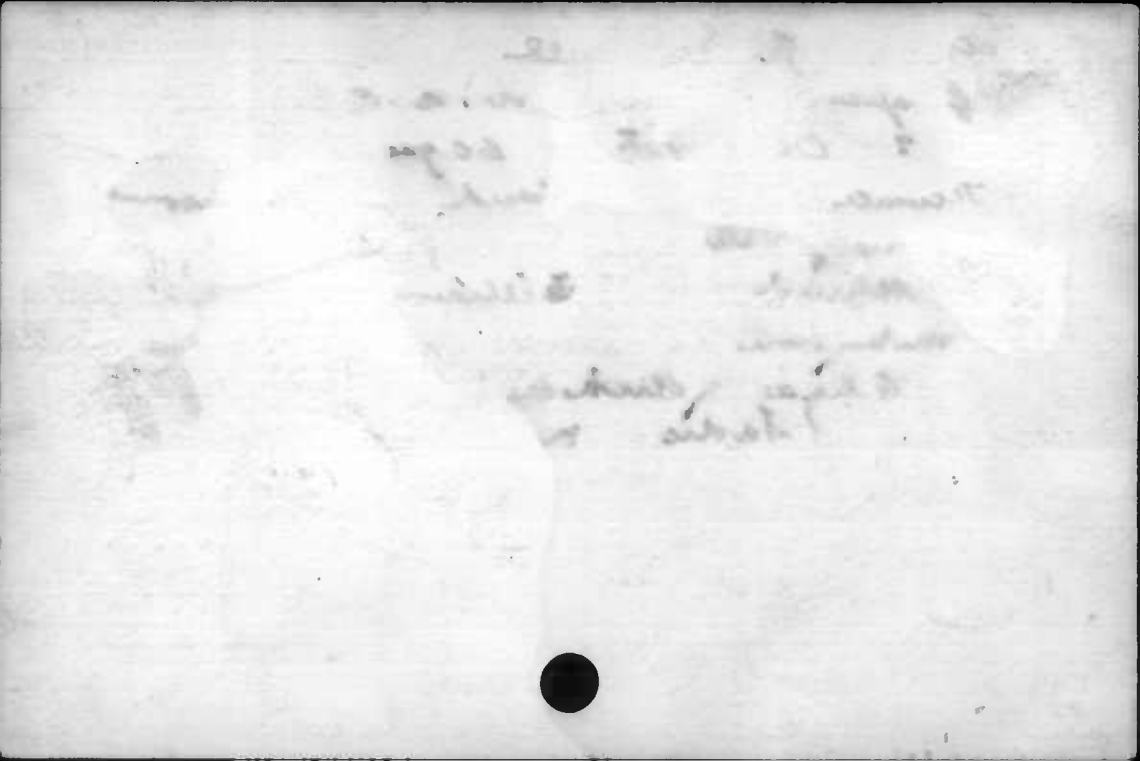
Address

W. P. Reeves  
600 Cathedral St.  
Annapolis Md

Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Cora Octavia Dove

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Harwood</u> <sup>Town</sup>		<u>Anne Arundel</u> <sup>County</sup>	
Date of death <u>1909</u> <sup>Month</sup> <u>Oct</u> <sup>Day</sup> <u>1</u>	Age <u>33</u> <sup>Years</sup>	<u>5</u> <sup>Months</sup>	<u>23</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Calvert Co., Md</u>	
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>Harwood, Ind</u>		
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Samuel Dove</u>		
Father's Name <u>George Walker</u>	Father's Birthplace <u>Calvert Co., Md</u>		
Mother's Maiden Name <u>Ennie Hardisty</u>	Mother's Birthplace <u>Calvert Co., Md</u>		
Name of person giving information <u>Samuel Dove</u>	How related to deceased <u>Husband</u>		

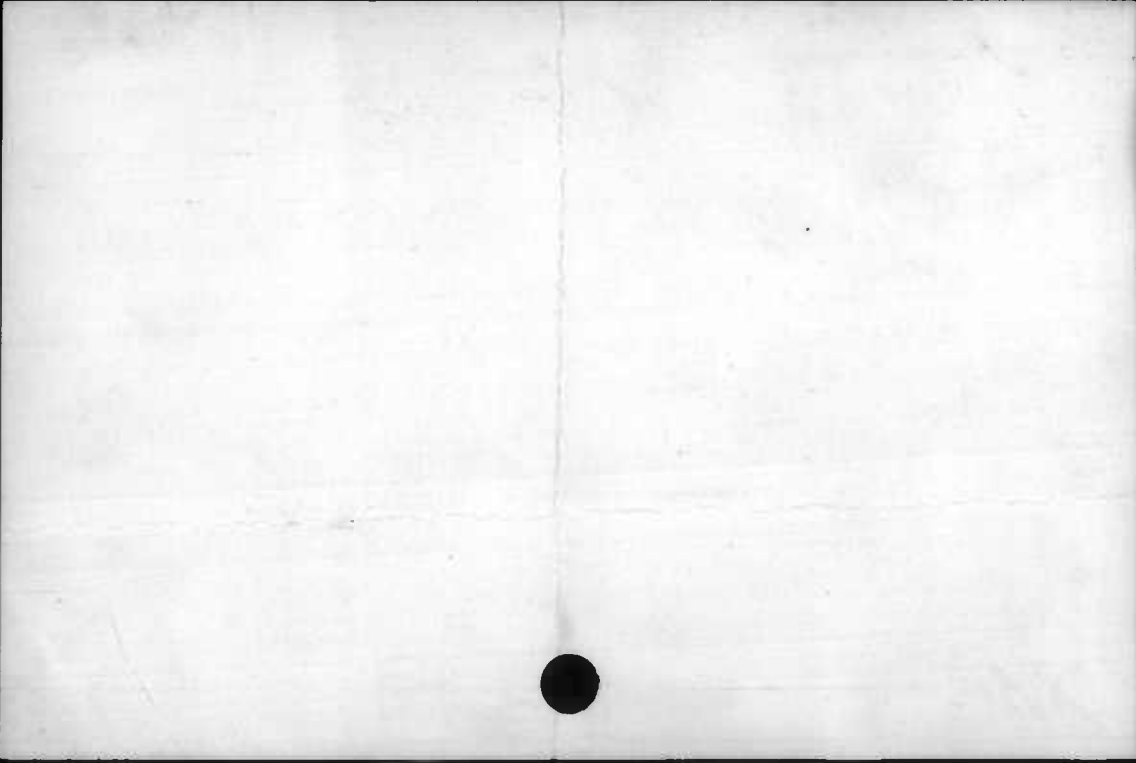
## CAUSES OF DEATH

138

✓

PHYSICIAN  
OR CORONER

Primary <u>Pregnancy - Placenta Previa &amp; nephritis for 18 months</u>	How long
Immediate <u>Nephritis, Uremia &amp; hemorrhage</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Maclane Cammell, MD</u>
	Address <u>West River, Ind</u>
Accident or Suicide?	





Name  
in  
Full

Sarah Eastern

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Belham</i> Town		County <i>a a</i>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
1909	oct	14	—	3	—
Sex	Color or Race	Birth-place			
female	color	a a Belham			
Occupation	Where Residing if not at place of death				
—	Belham a a Belham				
Married, Single or Widowed	Name of Wife or Husband				
single	—				
Father's Name	Father's Birthplace				
Washington Eastern	a a Belham				
Mother's Maiden Name	Mother's Birthplace				
Mary Thomas	a a Belham				
Name of person giving Information	How related to deceased				
Washington Eastern	father				

## CAUSES OF DEATH

Primary *Infant Cause of death*

Immediate *Unknown*

How long

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

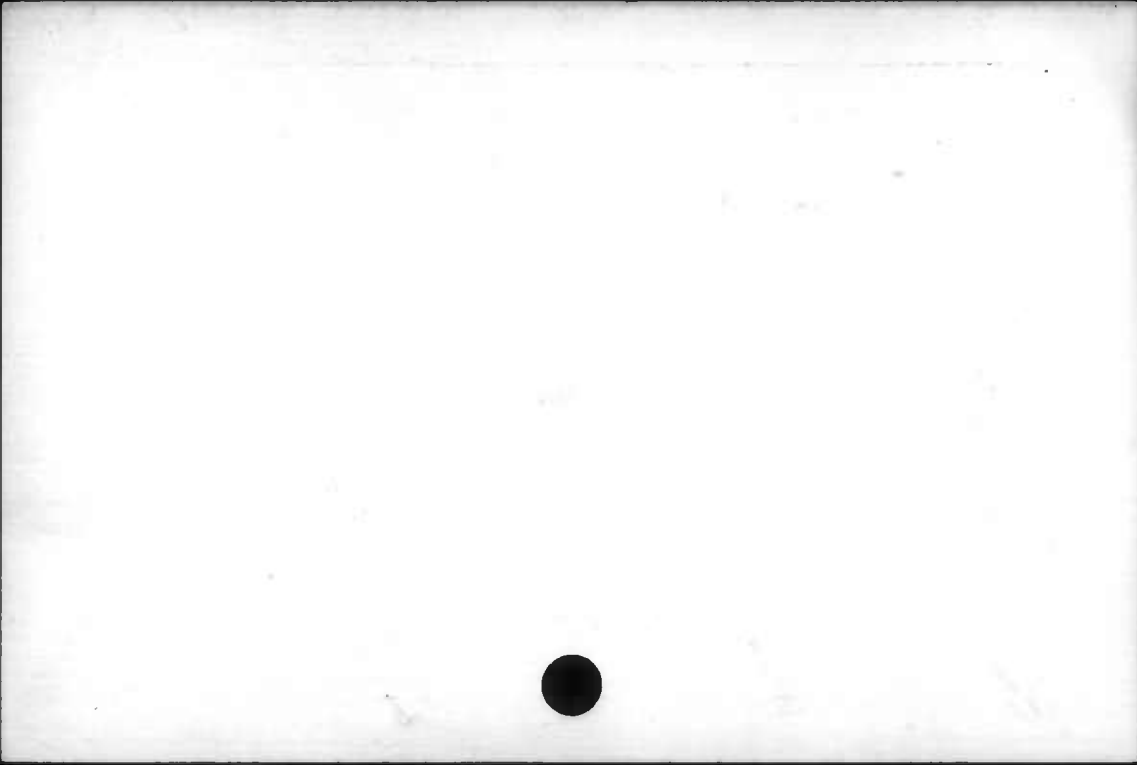
Address

*W. F. Talbot*

*Sub Reg.*

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

(Evans) Thomas L.

## CERTIFICATE OF DEATH

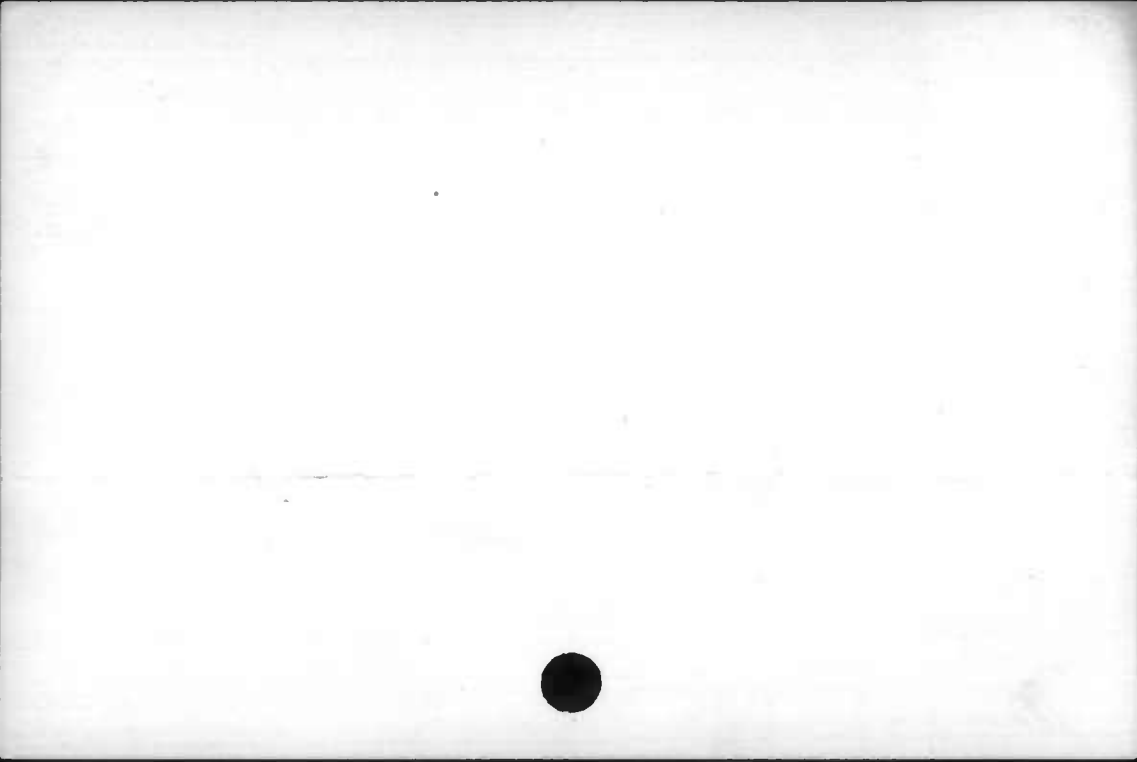
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bristol</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	1909	Month	Oct.	Day	21
Age	Years		Months	Days	
Sex	<i>male</i>		Color or Race	<i>Calverd</i>	
Occupation			Birth-place	<i>Bristol Md</i>	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
<i>Arthur Evans</i>			<i>Bristol Md</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Sarah Burley</i>			<i>"Father"</i>		
Name of person giving Information			How related to deceased		
<i>Arthur Evans</i>			<i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Spasms</i>	How long	<i>3 days</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Irving D. Chaney Md</i>	
Accident or Suicide		Address	
		<i>Bristol, Md.</i>	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Mary E. Gross

Town

County

Died at

Annapolis Neck

At 60

MARYLAND

Date of death

1909

Month

Oct

Day

19<sup>th</sup>

Age

Years

Months

2

Days

Sex

Female

Color or Race

Col -

Birth-place

At 60

Occupation

None

Where Residing if not at place of death

None

Married, Single or Widowed

Single

Name of Wife or Husband

None

Father's Name

Moses Gross

Father's Birthplace

At 60

Mother's Maiden Name

Blanche Munay

Mother's Birthplace

At 60

Name of person giving information

Father

How related to deceased

CAUSES OF DEATH

151

Primary

congenital debility

How long

Since Birth

Immediate

exhaustion

How long

Gradual

Are the name, age, sex, color, date and place correctly given above?

yes

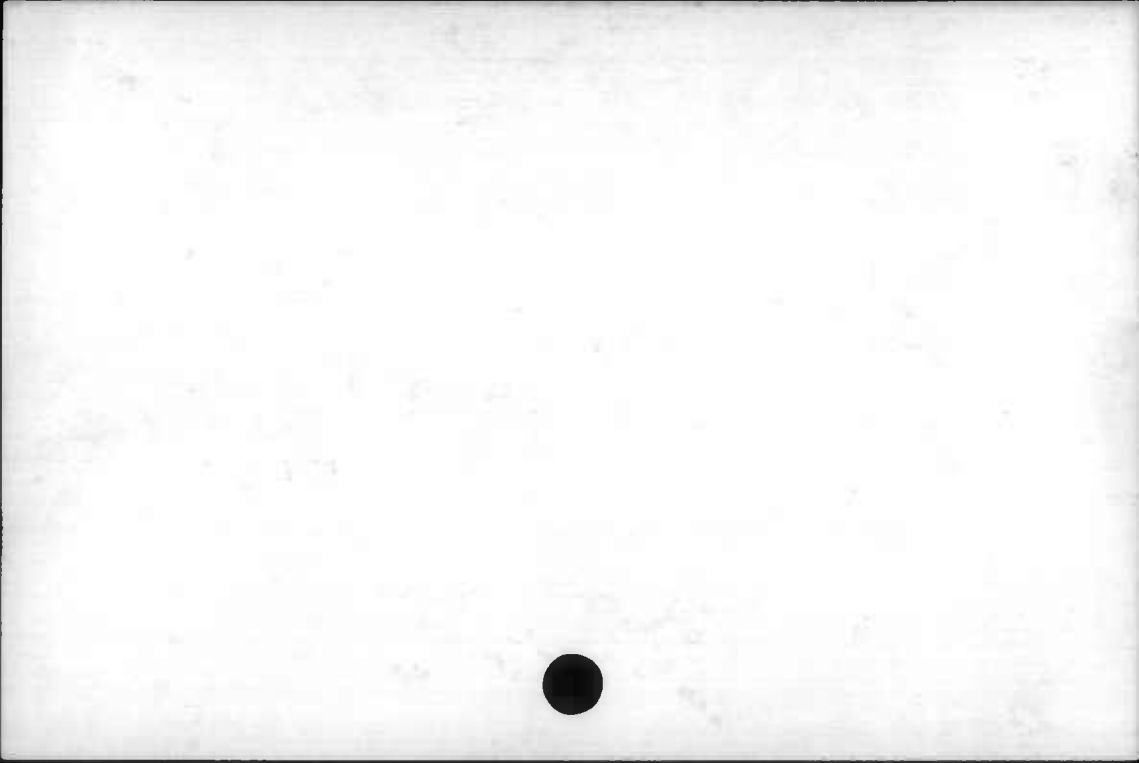
Signature of Physician

Address

John Ridout  
Annapolis  
Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Martin Darice Harman</i>		Town <i>Howardville Md</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Howardville Md</i>		Month <i>Oct.</i>		Day <i>17</i>		Age <i>4</i>	
Date of death <i>1909</i>		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>A. A. Co. Md.</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Grover Harman</i>				Father's Birthplace <i>P. G. Co Md</i>			
Mother's Maiden Name				Mother's Birthplace <i>A. A. Co. Md</i>			
Name of person giving Information <i>Grover Harman</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

Primary *Gastro Enteritis*How long *Two months*

Immediate

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*Sam H. Anderson Md*  
*Howardville Md.*PHYSICIAN  
OR CORONER

Accident or Suicide

2/



Name  
In  
Full

Rosa Hood

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Severn</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death <u>1909</u>	Month <u>10</u>	Day <u>18</u>	Age <u>1</u>	Years <u>2</u>	Months <u>7</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Anne Arundel Co Md.</u>		
Occupation <u></u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u></u>			
Father's Name <u>James Hood</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Maggie M. Turner</u>			Mother's Birthplace <u></u>		
Name of person giving information <u>James Hood</u>			How related to deceased <u>Father</u>		

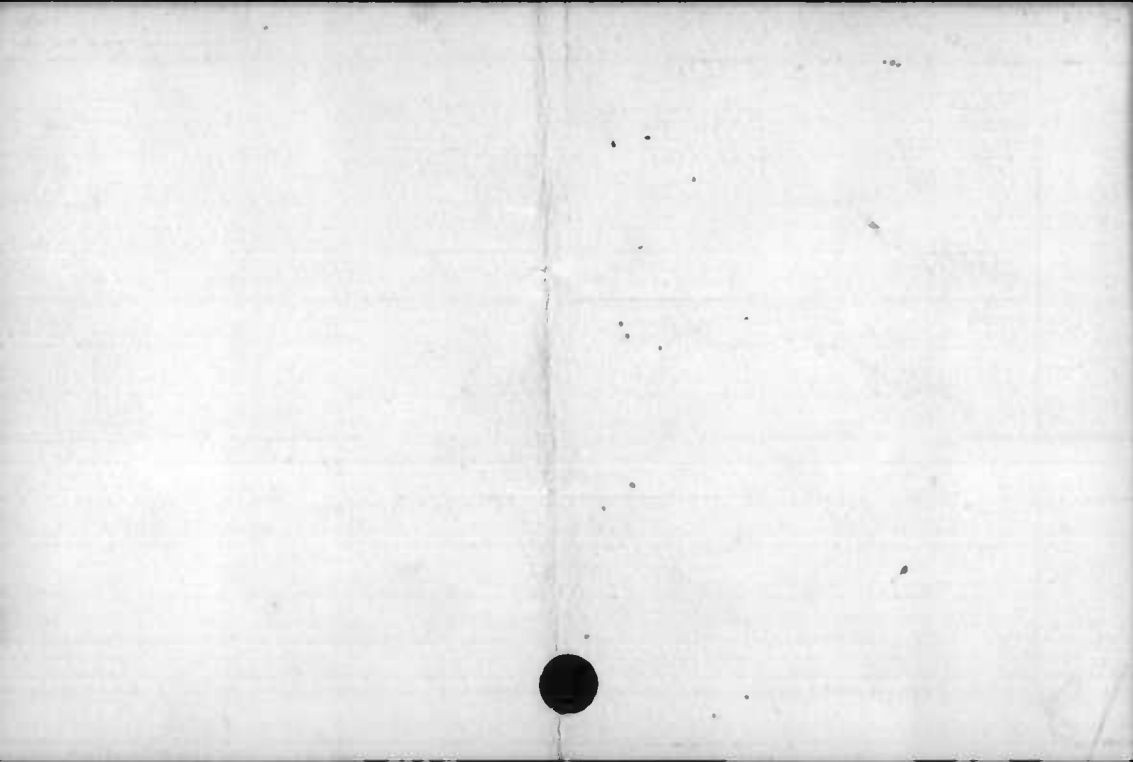
## CAUSES OF DEATH

119

✓

PHYSICIAN  
OR CORONER

Primary	<u>Acute Nephritis</u>	How long	<u>10 days</u>
Immediate	<u>Toxaemic coma</u>	How long	<u>24 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>R. T. Hammond,</u>	
		Address <u>Jessup,</u>	
Accident or Suicide? <u>No</u>		<u>Md.</u>	



Name  
in  
Full

Clarence Hough

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

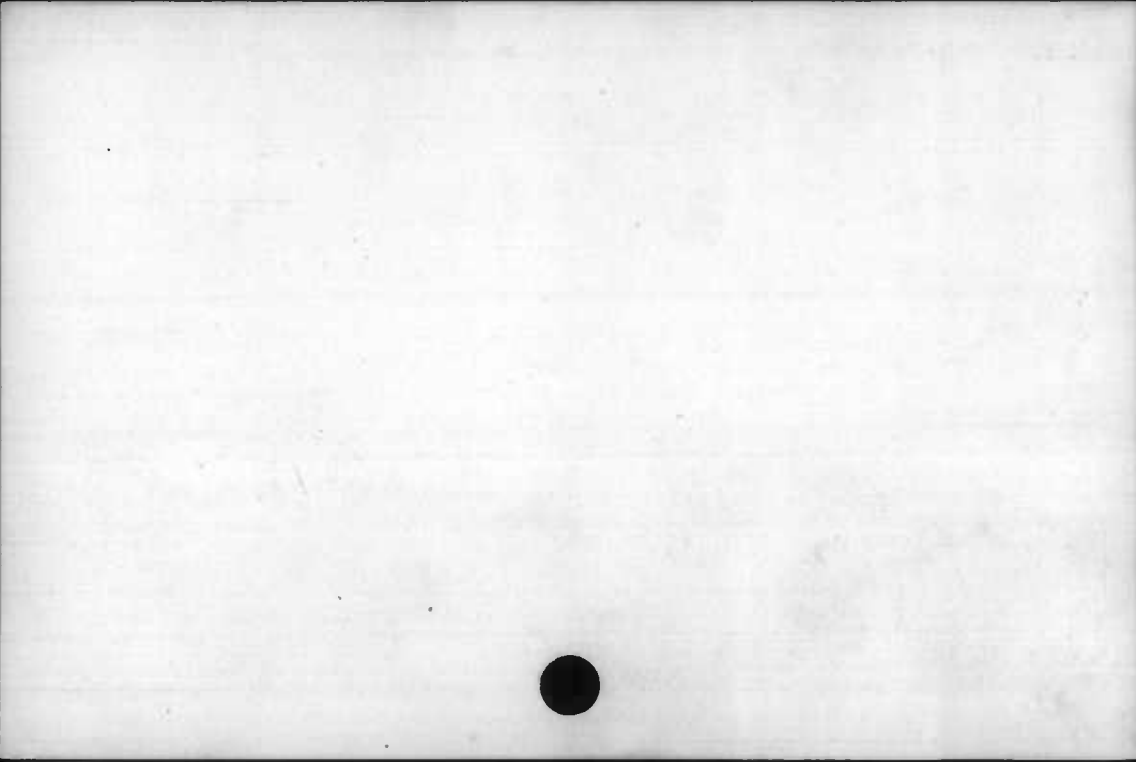
Died at <u>Jessup</u> Town		County <u>Anne Arundel</u>		MARYLAND	
Date of death	1909	Month	Oct	Day	23 <sup>rd</sup>
Age		44		Months	
Sex	Male	Color or Race	white	Birth-place	Wash. D.C.
Occupation	Engineer at Gov. Hq.		Where Residing if not at place of death		
Married, Single or Widowed		Single			
Name of Wife or Husband		Unknown			
Father's Name		Unknown		Father's Birthplace	
Mother's Maiden Name		Unknown		Mother's Birthplace	
Name of person giving information		Samuel Jones		How related to deceased	
				Not at all	

CAUSES OF DEATH

(27) ✓

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis.</u>		How long	6 mo.
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	L. H. Percy	
Yes		Address	Laurel	
No				
Accident or Suicide?		No		



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Date

of death

1909

Oct

20

Age

Years

0

Months

1

Days

20

Sex

Boy

Color or  
Race

Colord

Birth-  
place

Near Bowie Md

Occupation

none

Where Residing if not  
at place of death

Near Bowie Md

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

Thomton Jackson

Father's  
Birthplace

Near Odenton Md

Mother's  
Maiden Name

Sussie Harrison

Mother's  
Birthplace

Patuxant md

Name of person giving  
Information

Thomton Jackson

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Marasmus

Immadiate

Marasmus

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

James B Truitt  
Bowie Md

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Henry Johnson</i>		Town <i>3rd North</i>		County <i>D.C.</i>		MAYLAND	
Died at <i>3rd North</i>		Month <i>Oct</i>		Day <i>2</i>		Age <i>51</i>	
Date of death <i>1909</i>		Month <i>Oct</i>		Day <i>2</i>		Age <i>51</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth- place <i>St. Mary's</i>			
Occupation <i>Farm Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Ireland</i>					
Father's Name <i>Henry Johnson</i>		Father's Birthplace <i>Kent Island</i>					
Mother's Maiden Name <i>Matilda</i>		Mother's Birthplace <i>" "</i>					
Name of person giving Information <i>Andrew Johnson</i>		How related to deceased <i>Son</i>					

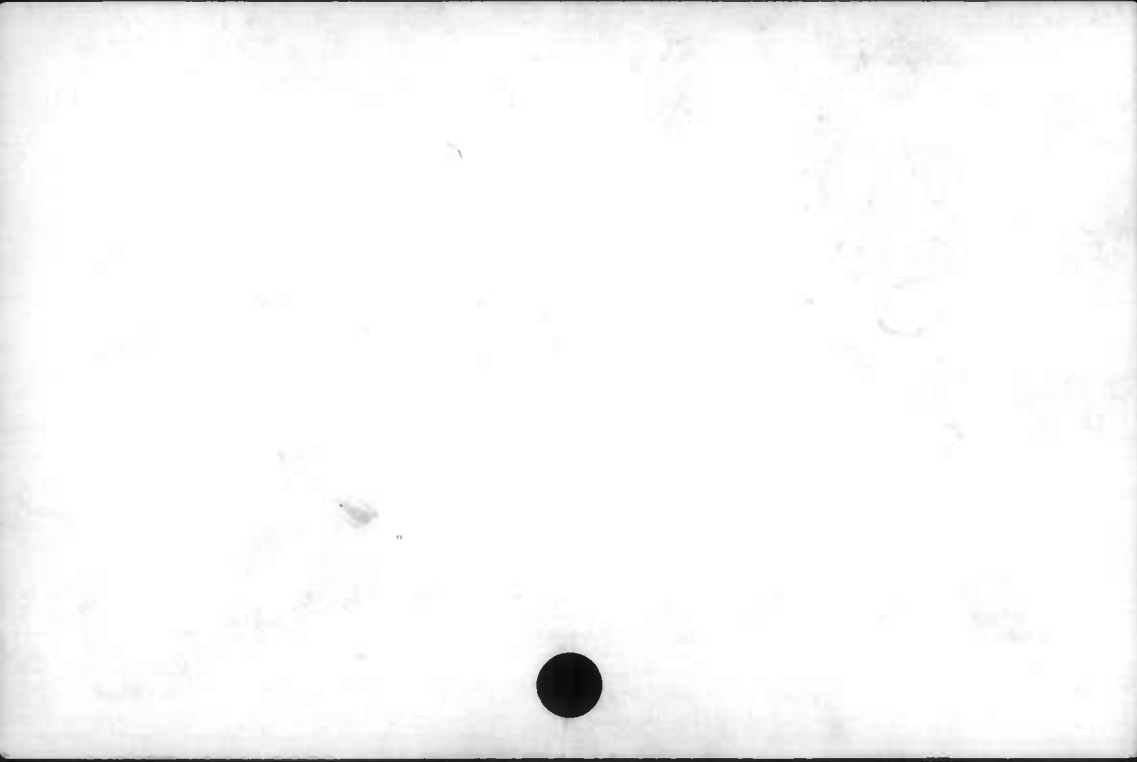
CAUSES OF DEATH

26

✓

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis (Thorax)</i>		How long <i>3 months</i>	
Immediate <i>Tuberculosis</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. S. Ridout</i>	
Address <i>Annapolis Md.</i>		<i>R. 2nd St.</i>	
Accident or Suicide			





Name  
in  
Full

Frank Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u> <sup>Town</sup> <u>Annapolis</u> <sup>County</sup> <u>MARYLAND</u>	
Date of death <u>1909 Oct 1st</u>	Age <u>20</u> <sup>Months</sup> <u>  </u> <sup>Days</sup> <u>  </u>
Sex <u>Male</u>	Color or Race <u>Colored</u>
Occupation <u>Writer</u>	Birth place <u>Annapolis</u>
Where Residing if not at place of death <u>73 Calumet St.</u>	
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>  </u>
Father's Name <u>Frank Jones</u>	Father's Birthplace <u>Annapolis</u>
Mother's Maiden Name <u>Julia Jones</u>	Mother's Birthplace <u>"</u>
Name of person giving information <u>Nancy Jones</u>	How related to deceased <u>Niece</u>

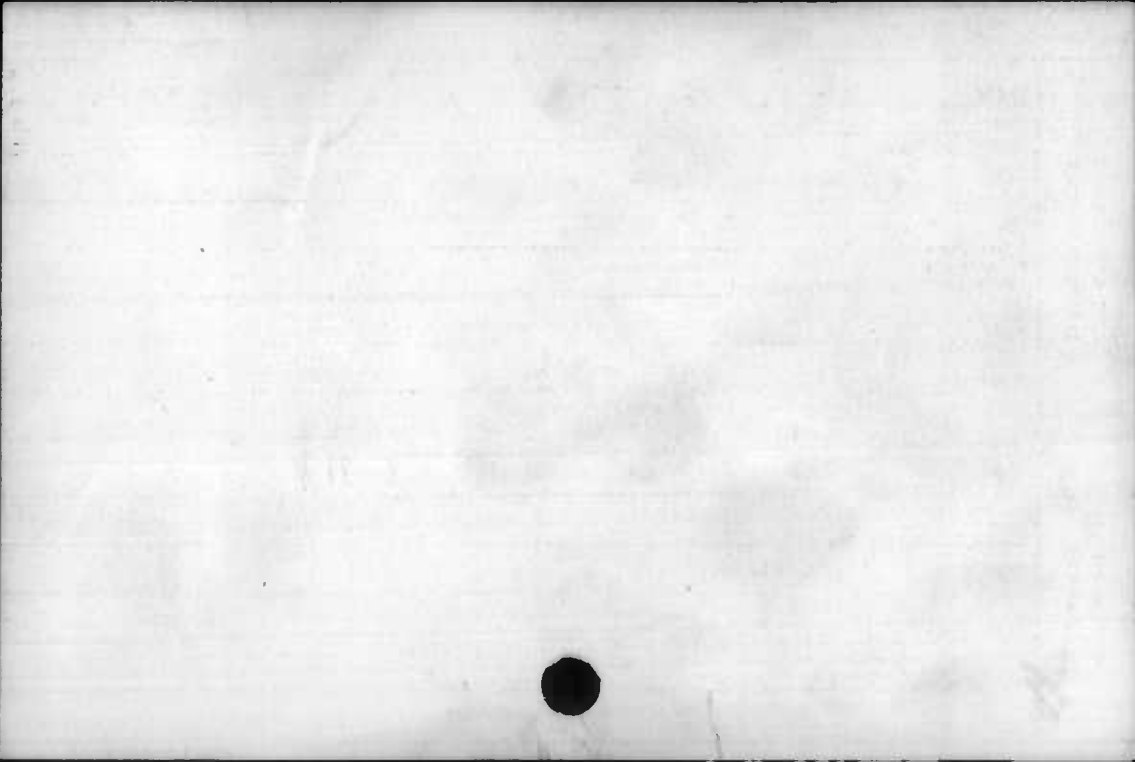
CAUSES OF DEATH.

119

✓

PHYSICIAN  
OR CORONER

Primary <u>Nephritis</u>	How long <u>2 Months</u>
Immediate <u>Corsetitis</u>	How long <u>1-3 Days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>P. D. Agnew</u>
Accident or Suicide? <u>No</u>	Address <u>60 Cathedral St Annapolis</u>



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

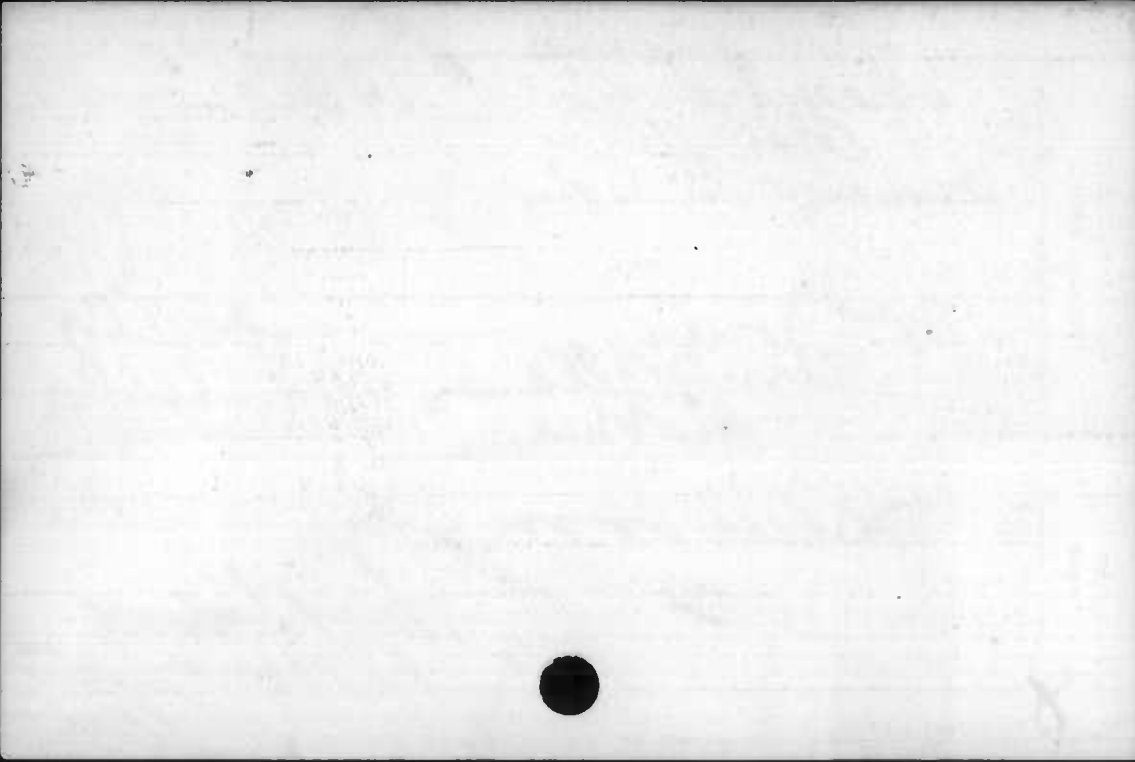
Name *John Boyley Jones* Town *Brooklyn* County *Adams*  
Died at  
Date of death *1909* *10* Month *12* Day *76* Age *76* Years Months Days  
Sex *Male* Color or Race *White* Birth-place *Delaware*  
Occupation *Miner* Where Residing if not at place of death  
Married, Single or Widowed *Married* Name of Wife or Husband  
Father's Name *James W. Jones* Father's Birthplace  
Mother's Maiden Name *Elyzabeth D. Blackman* Mother's Birthplace  
Name of person giving information *Carl Jones* How related to deceased

CAUSES OF DEATH

*64*

PHYSICIAN  
OR CORONER

Primary *Apoplexy* How long *5- day*  
Immediate *Cerebral Embolism* How long *1 day*  
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *F. F. Johnson*  
Address *Brooklyn Md*  
Accident or Suicide? *No*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1909		Month	Day	Years	Months	Days	
Sex Female		Color or Race		Age		Birth-place	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace				Mother's Birthplace	
Mother's Maiden Name		How related to deceased					
Name of person giving information							

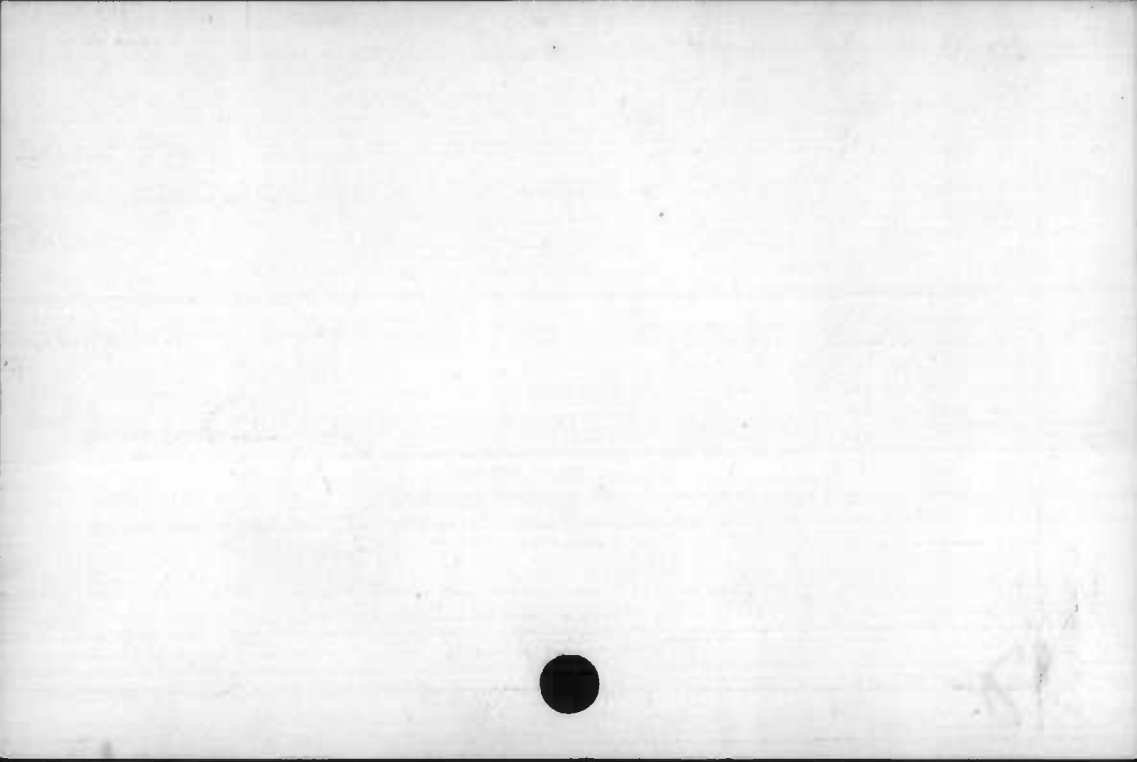
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?			

Recd for record  
Oct 18 1909

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Leicesterburg</i>		County <i>Le</i>		MARYLAND
	Date of death <i>1909</i>	Month <i>10</i>	Day <i>23</i>	Age <i>22</i>	Years Months Days
	Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Rus.</i>	
	Occupation <i>Housewife</i>		Where Residing if not at place of death <i>—</i>		
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mike Koninik</i>			
	Father's Name <i>Mike Stornick</i>	Fether's Birthplace <i>Czechia</i>			
	Mother's Maiden Name <i>Anna Slanickas</i>	Mother's Birthplace <i>Rus</i>			
	Name of person giving information <i>Husband Mike Koninik</i>		How related to deceased <i>Husband</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Typhoid</i>		How long <i>2 or 3 weeks</i>		
	Immediate <i>Heart Failure</i>		How long <i>few minutes</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Charles Brown</i>		
	Accident or Suicide?		Address		





Name  
in  
Full

Mary A. McBusker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

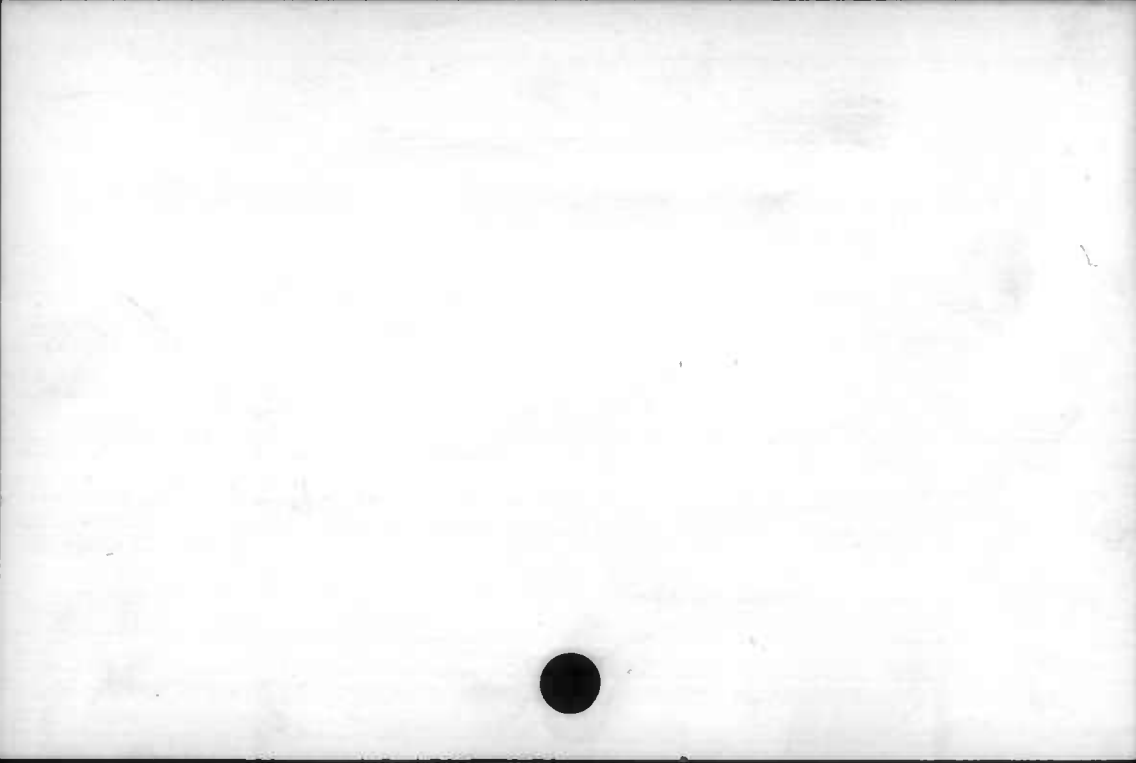
Died at <i>Annapolis</i>		<i>St. St.</i> County		MARYLAND	
Date of death	1909 Oct	29	Age	55	8 Months
Sex	Female	Color or Rse	White	Birth-place	Annapolis
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband		None	
Father's Name	Hugh M. Busker			Father's Birthplace	Ireland
Mother's Maiden Name	Mary St. Hoban			Mother's Birthplace	Ireland
Name of person giving Information	Allen M. Smith			How related to deceased	Sister

## CAUSES OF DEATH

(167) ✓

PHYSICIAN  
OR CORONER

Primary	Accidental Burns (Heat)	How long	6 hrs
Immediate	" "	How long	6 hrs
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Oliver Purvis
		Address	Annapolis Md.
Accident or Suicide	no yes		



Name in Full		Town		County		MAYLAND	
James Mackall		Walubury		A. A.			
Died at		Date of death		Age		Months	
1909		Oct. 31		About 70			
Sex		Color or Race		Birthplace			
Male		B.		A. A. B.			
Occupation		Where Residing if not at place of death					
Labourer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Rachel Mackall					
Father's Name		Father's Birthplace					
Osie Mackall		A. A. B.					
Mother's Maiden Name		Mother's Birthplace					
Unknown		Unknown					
Name of person giving information		How related to deceased					
Geo. Mackall		Cousin					
CAUSES OF DEATH							
Primary		How long					
Nephritis Chronic		one Year					
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician					
Yes-		H. B. Gans					
		Address					
		Millerville					
Accident or Suicide							



Name  
in  
Full

Robert Wiley Milligan

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

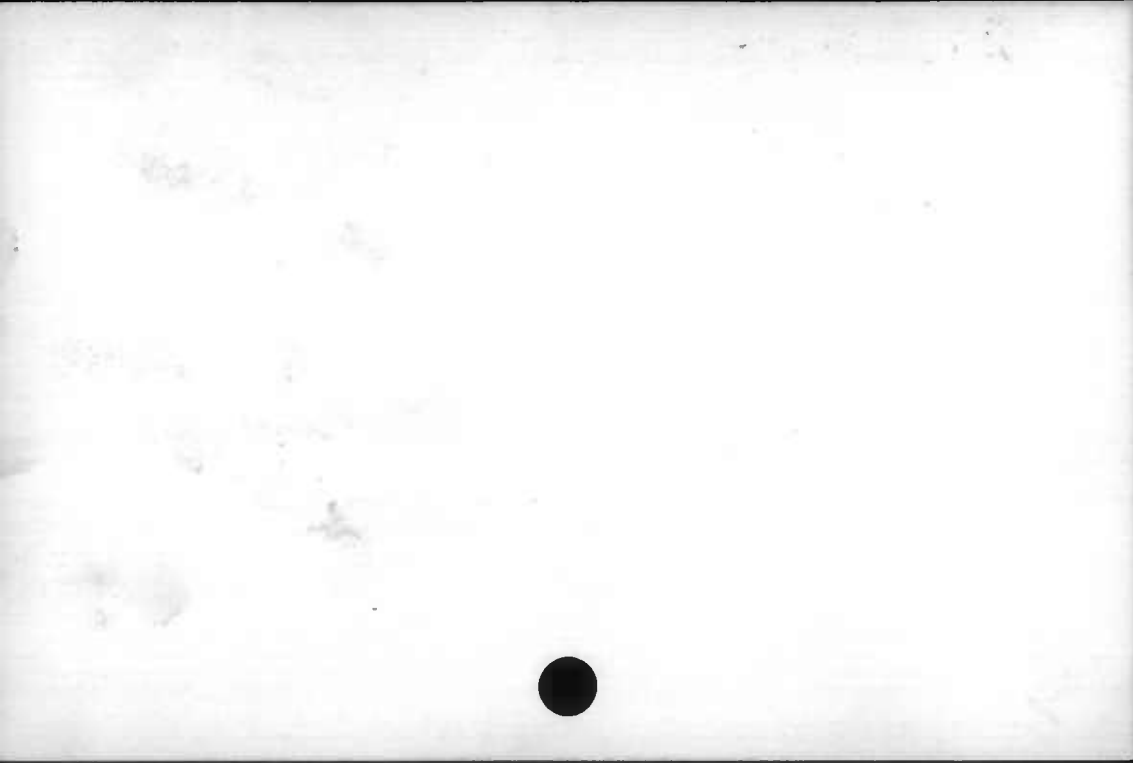
Died at		Tow Annapolis		County Anne Arundel		MARYLAND	
Date of death		1909	Month October	Day 14	Age	Years 65	Months 6
Sex		Male		Color or Race		White	
Occupation		Signal Officer		Birth-place		Philadelphia Penn.	
Where Residing if not at place of death		Annapolis Maryland					
Married, Single or Widowed		Married		Name of Wife or Husband		Ruth A. Milligan	
Father's Name		James Milligan		Father's Birthplace		Holland N.Y.	
Mother's Maiden Name		Mary P. Milligan		Mother's Birthplace		Carlisle Penn.	
Name of person giving Information		Mollie W. Milligan		How related to deceased		Daughter	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Organic Heart disease	How long	About five years
Immediate	Angina pectoris	How long	About one hour
Are the name, age, sex, color, data and place correctly given above?		Yes	
Signature of Physician		A. T. Westwood, M.D.	
Address		Naval Academy, Annapolis Md.	
Accident or Suicide			



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Name *Viola Myers.* Town *Annapolis* County *a-a-*

Died at *Annapolis* Month *Oct.* Day *12* Age *1* Months *7* Days *—*

Date of death *1909 Oct. 12*

Sex *Female* Color or Race *Colord* Birth-place *Annapolis*

Occupation *unknown* Where Residing if not at place of death *North West St.*

Married, Single or Widowed *single* Name of Wife or Husband *unknown*

Father's Name *John Myers* Father's Birthplace *South River Md*

Mother's Maiden Name *Mary Hall* Mother's Birthplace *South River Md*

Name of person giving Information *John Myers* How related to deceased *Father*

## CAUSES OF DEATH

Primary *Broncho-Pneumonia* How long *92* *10 days*

Immediate *Exhaustion* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *P.D. Tyson*

Address *60 Cathedral St. Annapolis Md.*

Accident or Suicide *no*





Name  
In  
Full

Mabel Pindall

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Benfield</i> Town		<i>Q. A.</i> County		MARYLAND	
Date of death	1909	Month	Oct	Day	6
Age		Years	4	Months	3
Sex	Female	Color or Race	Negro	Birth-place	Benfield
Occupation	None	Where Residing if not at place of death <i>Benfield</i>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name	<i>Robt. E. Pindall</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Carrie Pindall</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving Information	<i>Robt. E. Pindall</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>enterocolitis</i>	How long	<i>2 mos</i> ✓
Immediate	<i>typhoid</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>A. B. Bryant</i>
		Address	<i>Millsboro</i>
Accident or Suicidal <i>Accident</i>			



Name  
in  
Full

Charles Wesley Thomas Pinnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

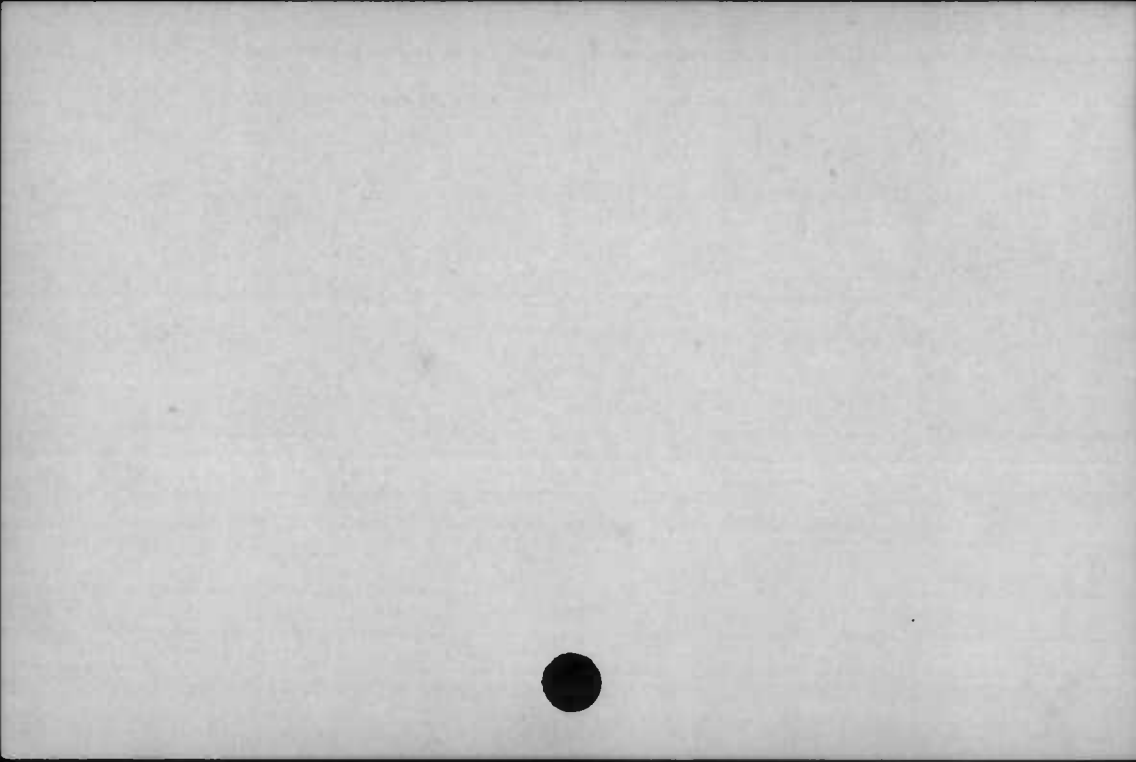
Died at <sup>Town</sup> <i>near Davidsonville</i>		<sup>County</sup> <i>Anne Arundel</i>		MARYLAND	
Date of death	1909	Month	Oct.	Day	29 <sup>th</sup>
Sex	Male	Color or Race	colored	Age	5
Occupation				Birth-place	Anne Arundel Co.
Married, Single or Widowed			Where Residing if not at place of death		
Name of Wife or Husband					
Father's Name			Father's Birthplace		
<i>Andrew Pennell</i>			<i>Anne Arundel Co.</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Mary Williams</i>			<i>Anne Arundel Co.</i>		
Name of person giving information			How related to deceased		
<i>(Father) Andrew Pennell</i>			<i>Father</i>		

CAUSES OF DEATH

179

PHYSICIAN  
OR CORONER

Primary	<i>Inanition</i>	How long	<i>Since Birth</i>
Immediate	<i>Exhaustion</i>	How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>L. F. P. Dufour</i>	
		Address	
		<i>Mitchellville, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Unnamed Infant. Powell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

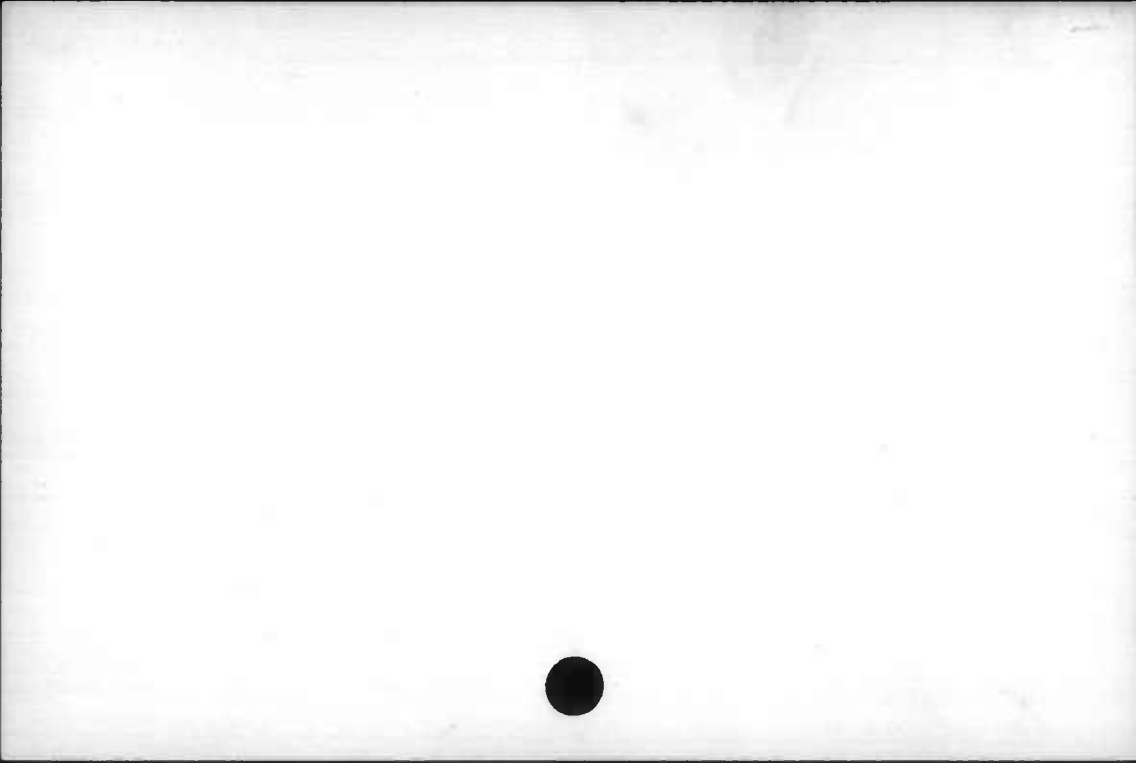
Died at <u>Paradise</u> Town		<u>Anne Arundel</u> County		MARYLAND	
Date of death	1909	Month	Oct.	Day	27
Age	Years		Months	Days	
Sex	Male		Color or Race	Colored	
Occupation			Birth-place	Anne Arundel Co	
Married, Single or Widowed			Name of Wife or Husband		
Single					
Father's Name			Father's Birthplace		
Edward Powell			Virginia		
Mother's Maiden Name			Mother's Birthplace		
Campria Brown			Anne Arundel Co		
Name of person giving Information			How related to deceased		
Edward Powell			Father		

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<u>Congenital Debility</u>	How long	<u>3 days</u>
Immediate	<u>Exhaustion</u>	How long	<u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>James P. Billingsley</u>
		Address	<u>Elvaton R. F. Dr.</u>
Accident or Suicide	<u>No</u>		<u>Mc</u>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Josephine Reulka

MARYLAND

Died at <sup>Town</sup> Fairfeld

County a a

Date  
of death 1909

Month Oct

Day 11

Age

Years

Months 3

Days

Sex

Female

Color or  
Race

white

Birth-  
place

m a

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Ignos Reulka

Father's  
Birthplace

Rees

Mother's  
Maiden Name

Katie Biehner

Mother's  
Birthplace

ger

Name of person giving  
In formation

mother

How related  
to deceased

## CAUSES OF DEATH

Primary

Convulsion

How long

2 hours

Immediate

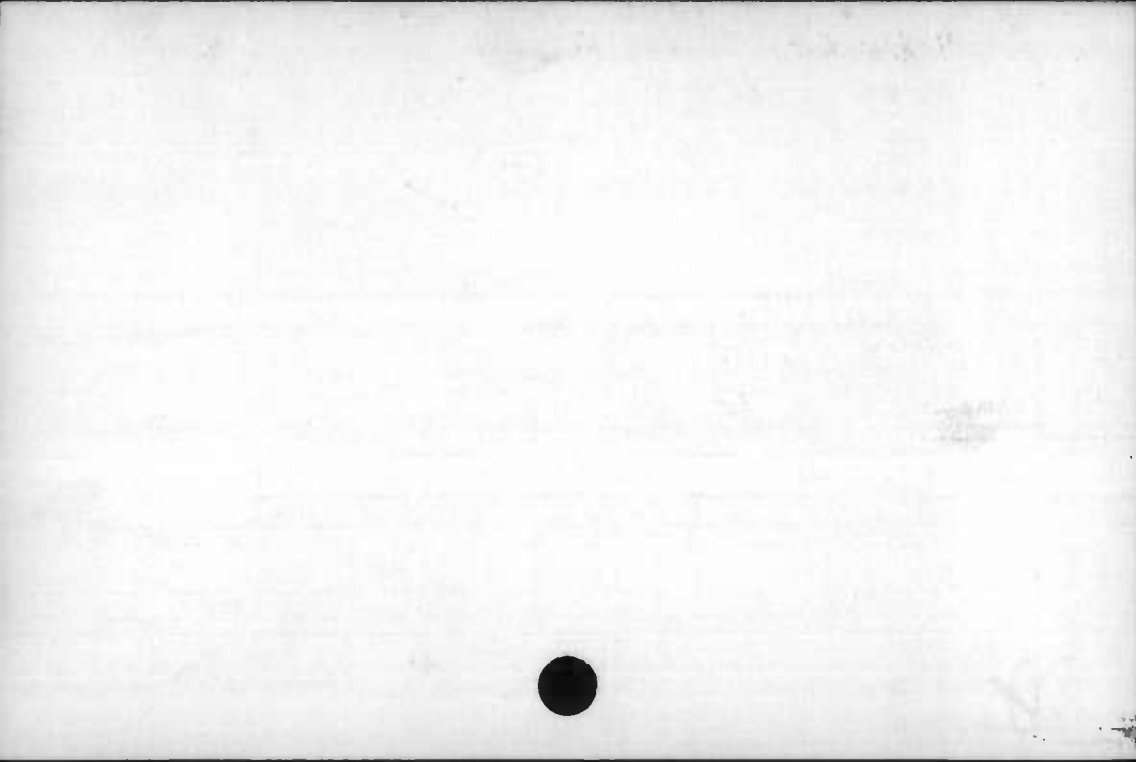
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Charles D. Brooks

Address



Accident or Suicide?





Name  
in  
Full

Margaret Semenko

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town So. Balto -		County Art.		MARYLAND	
Date of death		1909	Month Oct	Day 3	Age 1	Years 6	Months —
Sex Female		Color or Race white		Birth-place Art. Co. Md			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed —				Name of Wife or Husband —			
Father's Name Jos. Semenko				Father's Birthplace Austria			
Mother's Maiden Name Dora Zacharbo				Mother's Birthplace Austria			
Name of person giving information Jos. Semenko				How related to deceased Father			

## CAUSES OF DEATH

105 ✓

PHYSICIAN  
OR CORONER

Primary Enterocolitis		How long 10 days	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Thos. B. Horton M.D.	
		Address So. Balto - Md.	
Accident or Suicide? —			



Name  
in  
Full

Louis Earle Shearn

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Annapolis

Anne Arundel

Date

of death 190 9 Oct

Day

4

Age

10 weeks - 2

Month

Days

14

Sex

male

Color or  
Race

White

Birth-  
place

Annapolis

Occupation

Where Residing if not  
at place of death

St John's Street

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Chas H. Shearn

Father's  
Birthplace

Bristol Eng

Mother's  
Meiden Name

Beathryn Moss

Mother's  
Birthplace

Swansea Wales

Name of person giving  
Information

C. F. Shearn

How related  
to deceased

Father

CAUSES OF DEATH

105

Primary

Int Colitis

How long

3 wks

Immediete

Asthenia

How long

4 or 5 Day

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

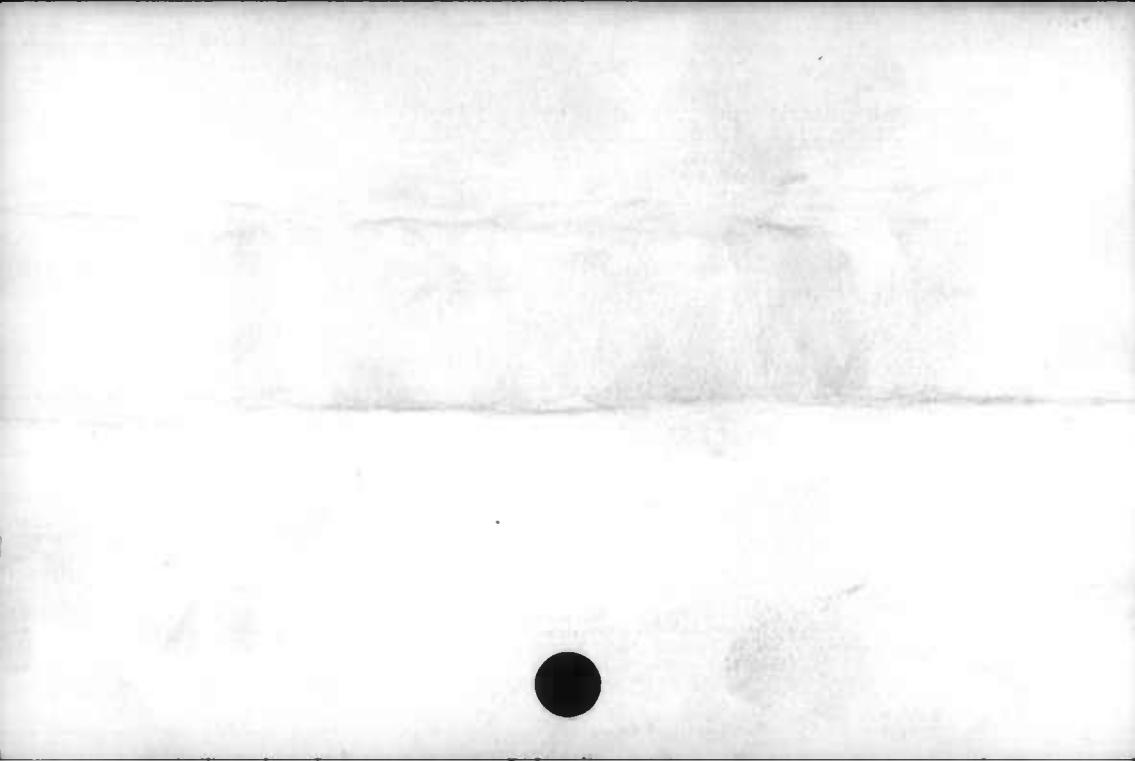
J. Oliver Purvis  
Annapolis  
Md

Accident or Suicide

no

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in Full

Ester Snowden

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Annapolis</b>		Town		County <b>a.a.-</b>		State <b>MARYLAND</b>	
Date of death <b>1909</b>		Month <b>Oct-</b>		Day <b>14</b>		Age <b>8</b>	
Sex <b>Female</b>		Color or Race <b>Colord</b>		Birth-place <b>Annapolis</b>		Where Residing if not at place of death <b>37 North West</b>	
Occupation <b>—</b>		Married, Single or Widowed <b>single</b>		Name of Wife or Husband <b>—</b>		Father's Birthplace <b>Brooklyn Md.</b>	
Father's Name <b>Wallen Snowden</b>		Mother's Maiden Name <b>Hattie Parker</b>		Mother's Birthplace <b>South River Md.</b>		How related to deceased <b>Mother</b>	
Name of person giving Information <b>Hattie Snowden</b>		Age <b>179</b>		How related to deceased <b>Mother</b>		How long <b>Since birth</b>	

PHYSICIAN  
OR CORONER

Primary <b>congenital debility</b>		CAUSES OF DEATH <b>Ridont</b>		How long <b>Since birth</b>	
Immediate <b>exhaustion</b>		Signature of Physician <b>John Ridont</b>		How long <b>Gradual</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Address <b>Annapolis Md.</b>		Accident or Suicide <b>—</b>	

J. H. Dennis

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Stevens* Town *Brooklyn* County *2*  
 Date of death *1909* Month *Oct* Day *1* Age *2* Years Months Days  
 Sex *Male* Color or Race *Colored* Birth-place *Brooklyn*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

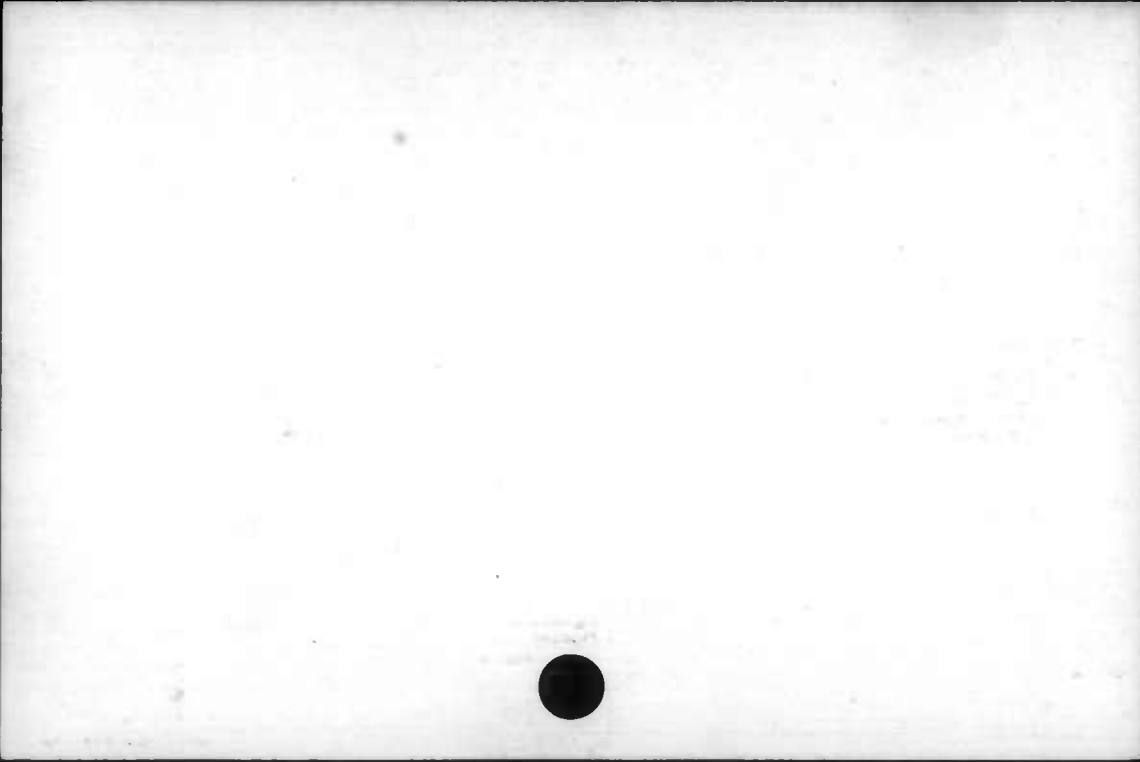
Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_  
 Father's Name *John J. Stevens* Father's Birthplace *Maryland*  
 Mother's Maiden Name *Cliza Right* Mother's Birthplace *Md*  
 Name of person giving Information *Cliza Stevens* How related to deceased *Mother*

CAUSES OF DEATH

Primary *Still Born* How long *✓*  
 Immediate \_\_\_\_\_ How long \_\_\_\_\_

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above? *Yes*  
 Signature of Physician *John C. P. Lee* Address *Brooklyn Md*  
 Accident or Suicide *8*





Name  
in  
Full

Unnamed Infant. Stewart

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

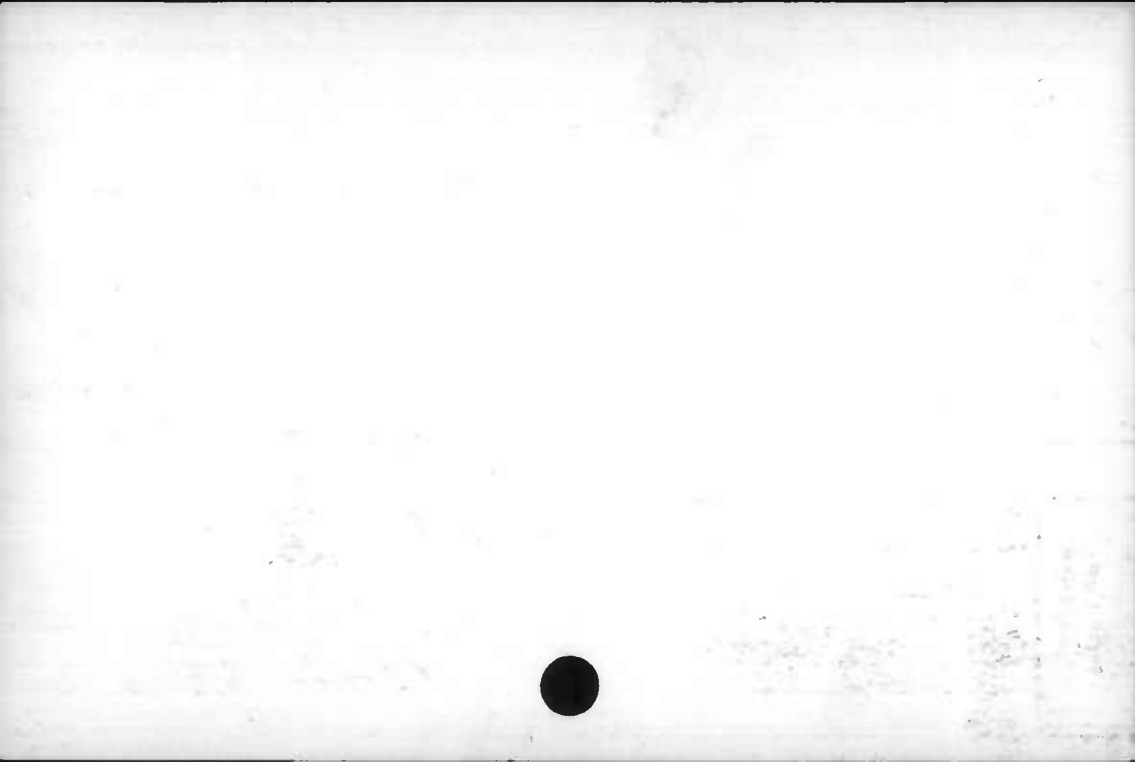
Died at <i>Head of Severn River</i>		Town <i>Stewart</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1909 Oct. 9</i>		Month <i>Oct.</i>		Day <i>9</i>		Age <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White.</i>		Birth-place <i>Anne Arundel Co</i>			
Occupation <i>Infant</i>		Where Reaiding if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single.</i>		Name of Wife or Huaband <i>—</i>					
Father's Nama <i>Joseph Stewart</i>		Father's Birthplace <i>Virginia.</i>					
Mother's Maiden Nama <i>Sue. Fetter</i>		Mother's Birthplace <i>Baltimore, Md.</i>					
Nama of person giving Information <i>Joseph Stewart</i>		How related to deceased <i>Father.</i>					

## CAUSES OF DEATH

151 ✓

PHYSICIAN  
OR CORONER

Primary <i>Premature Birth. (6 months)</i>	How long <i>2 days.</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, data and place correctly given above? <i>Yes</i>	Signature of Physician <i>James S. Billingsley M.D.</i>
Accident or Suicida <i>No.</i>	Address <i>Elston P. F. D. #1 Md</i>



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John Shrigg Sullivan*

Died at *Annapolis Md* *Anne Arundel* County

State *MARYLAND*

Date of death *1909* Month *Oct.* Day *27* Age *73* Years Months *5* Days

Sex *Male* Color or Race *White* Birth-place *Annapolis Md*

Occupation *Carpenter* Where Residing if not at place of death *Annapolis Md*

Married, Single or Widowed *Married* Name of Wife or Husband *May J. Sullivan*

Father's Name *John Sullivan* Father's Birthplace *Unknown*

Mother's Maiden Name *May Broaden Sullivan* Mother's Birthplace *Unknown*

Name of person giving Information *John P. Sullivan* How related to deceased *Son*

CAUSES OF DEATH

Primary *Infarction of Aorta* How long *four months*

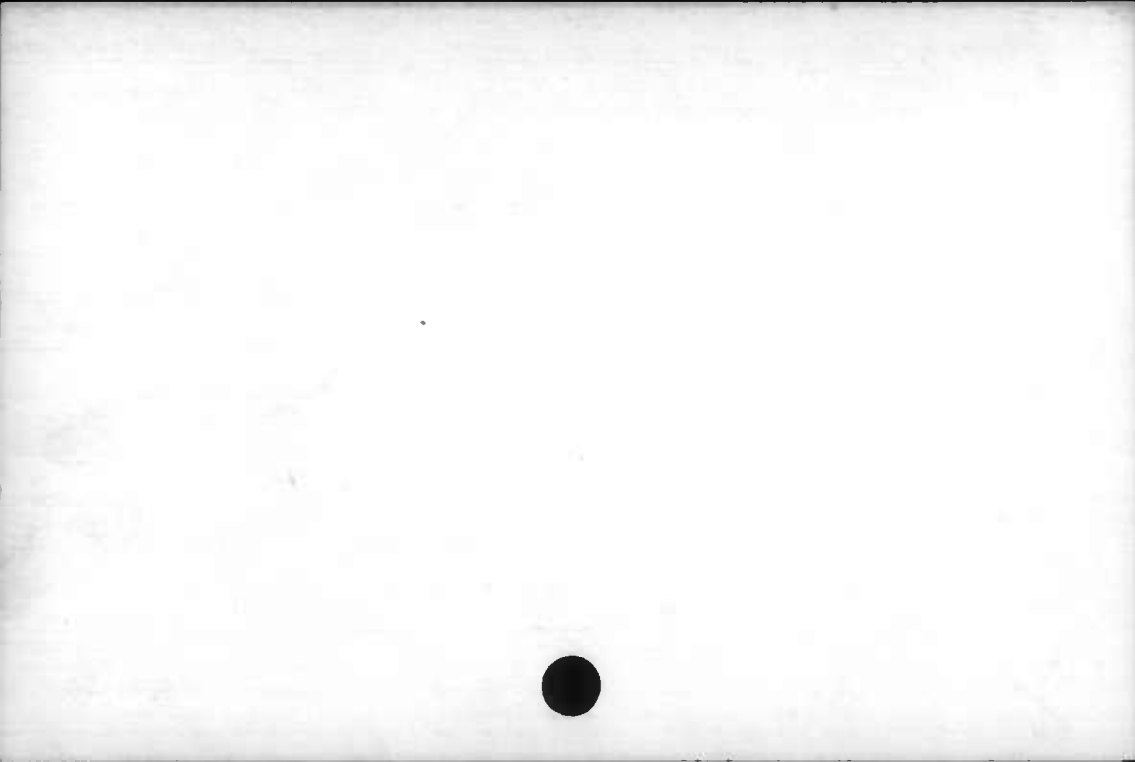
Immediate *Atherosclerosis* How long *five days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Geo. Wells* Address *Annapolis Md*

Accident or Suicide *No*

PHYSICIAN  
OR CORONER



Name  
in  
Full

Emma Sultz

## CERTIFICATE OF DEATH

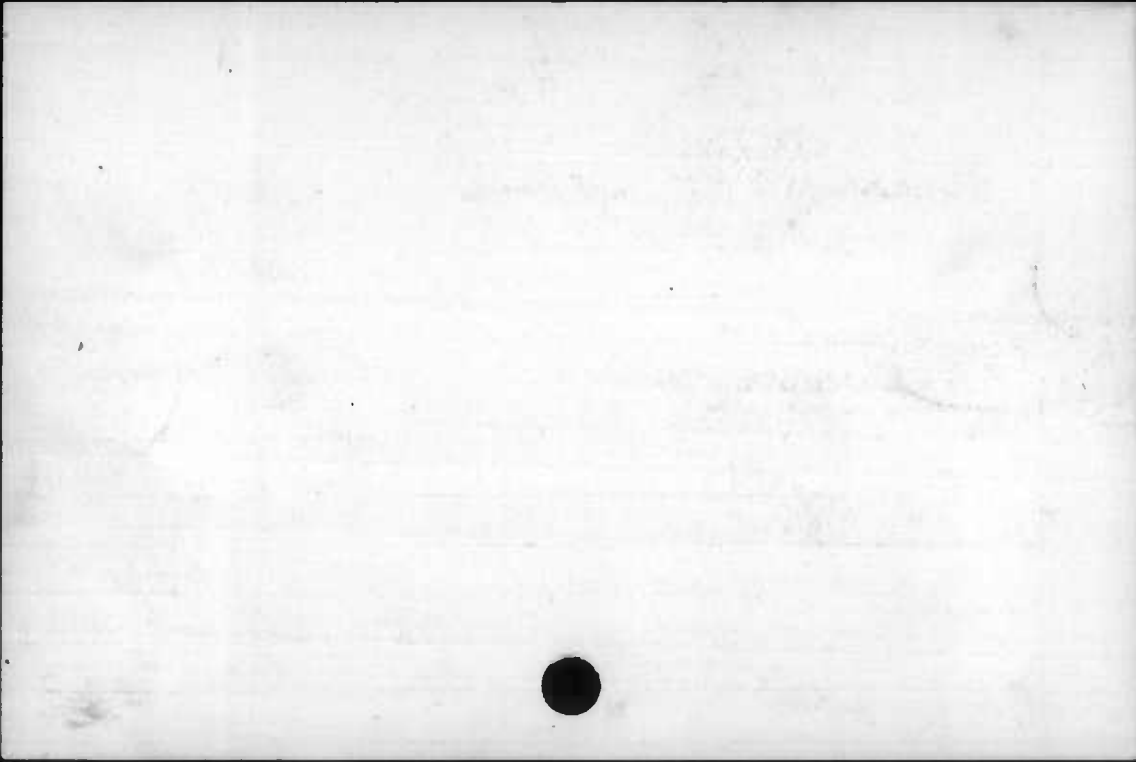
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>So. Balto.</u> <sup>Town</sup>		<u>9. 9.</u> <sup>County</sup>		MARYLAND	
Date of death <u>1909</u>	<u>Oct.</u> <sup>Month</sup>	<u>25</u> <sup>Day</sup>	Age <u>—</u> <sup>Years</sup>	<u>7</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>So. Balto.</u>			
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Michael Sultz</u>			Father's Birthplace <u>Bohemia</u>		
Mother's Maiden Name <u>Josefa Barbock</u>			Mother's Birthplace <u>Ido</u>		
Name of person giving information <u>Michael Sultz</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Whooping Cough</u>	How long <u>3 weeks</u>
Immediate <u>Convulsions</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Chas. B. Brook</u>
	Address <u>Chesapeake Md.</u>
Accident or Suicide? <u>8</u>	



Name  
in  
Full

Emma Taborelli

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>So. Balto</u> <sup>Town</sup>		<u>At.</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1909</u> <sup>Year</sup>	<u>Oct</u> <sup>Month</sup>	<u>22</u> <sup>Day</sup>	Age <u>60</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup> <u>—</u> <sup>Days</sup>
Sex	<u>Female</u>		Color or Race	<u>white</u>	Birth-place <u>Va</u>
Occupation	<u>Saloonkeeper</u>		Where Residing if not at place of death <u>—</u>		
<del>Married</del> Widowed	Name of Wife or Husband		<u>Antone Taborelli</u>		
Father's Name	<u>Unknown</u>			Father's Birthplace	<u>Unknown</u>
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	<u>Unknown</u>
Name of person giving information	<u>Mattie Steger</u>			How related to deceased	<u>daughter-in-law</u>

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary	<u>Hemorrhage of Brain</u>		How long	<u>Sudden</u>
Immediate	<u>Paralysis</u>		How long	<u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Address	
<u>yes</u>		<u>Thos. B. Horton M.D.</u>	<u>So. Balto, Md.</u>	
<u>Accident or Suicide?</u>				





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

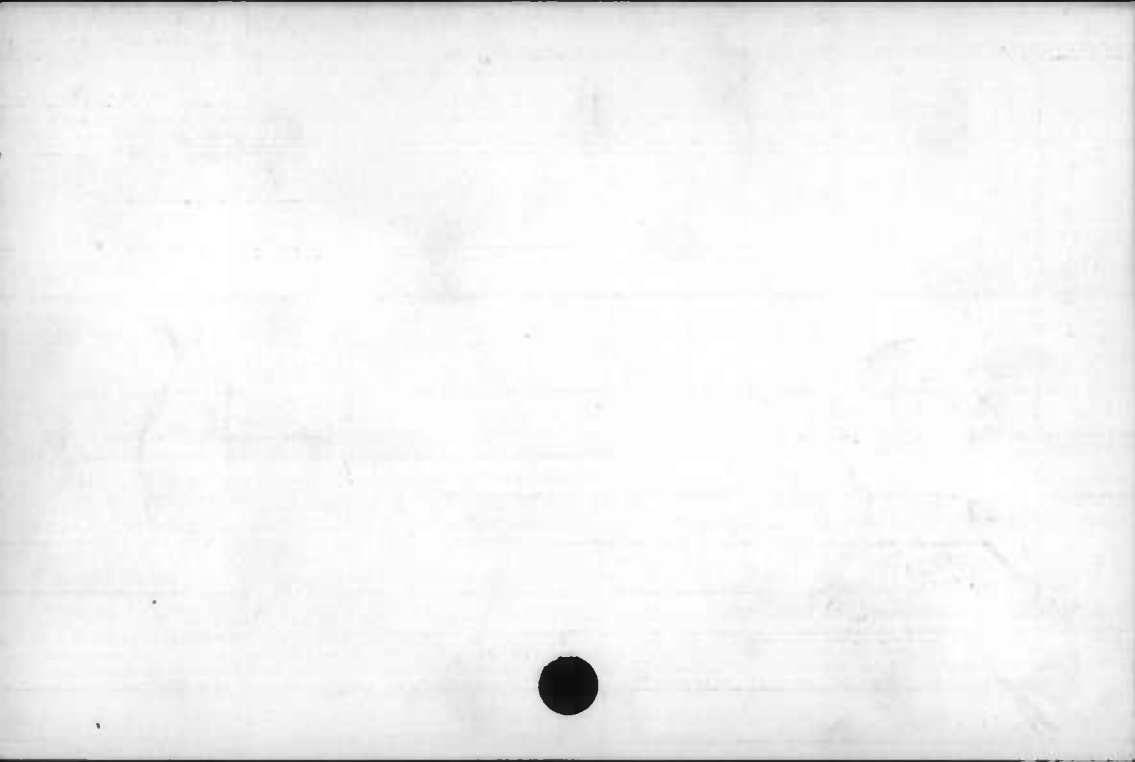
Name in Full <i>Lizzie Tascas</i>		Town <i>Cumbristone</i>		County <i>Ann Arundel</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1909 October 23</i>		<i>46</i>		<i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>D. A. Co., Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>Cumbristone</i>					
Married, Single or Widowed <i>Married</i>		Name of wife or Husband <i>Louis Tascas</i>					
Father's Name <i>James Tunnis</i>				Father's Birthplace <i>D. A. Co., Md</i>			
Mother's Maiden Name <i>Lizzi Tascas</i>				Mother's Birthplace <i>D. A. Co., Md</i>			
Name of person giving information <i>Louis Tascas</i>				How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

120

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Interstitial Nephritis</i>	How long	<i>Don't know</i>
Immediate	<i>Uremia</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Thelma Cross, M.D.</i>	
<i>Yes</i>		Address <i>West River</i>	
Accident or Suicide?		<i>Don't</i>	



Name  
in  
Full

Dorothy E. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i> <sup>Town</sup>		<i>St. St.</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>9</i> <sup>Month</sup> <i>Oct</i> <sup>Day</sup>	Age	<i>—</i> <sup>Year</sup>	Monthe	<i>5</i> <sup>Days</sup> <i>24</i>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Annapolis Md</i>
Occupation	<i>None</i>	Where Reeding if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>None</i>		
Father's Name	<i>Esworth Thomas</i>	Father's Birthplace	<i>Baltimore Md</i>		
Mother's Melden Name	<i>Alveta Diggs</i>	Mother's Birthplace	<i>St. St. Co Md</i>		
Name of person giving Information	<i>Esworth Thomas</i>	How related to deceased	<i>Father</i>		

## CAUSES OF DEATH

71

PHYSICIAN  
OR CORONER

Primary	<i>Infantile Convulsions</i>	How long	<i>12 hrs</i>
Immediate	<i>Bronchitis</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Ambrose Garcia M.D.</i>
<i>yes</i>		Address	<i>34 Second St</i>
Accident or Suicide <i>—</i>			



Name  
in  
Full

CERTIFICATE OF DEATH

*Livia & Lavers*

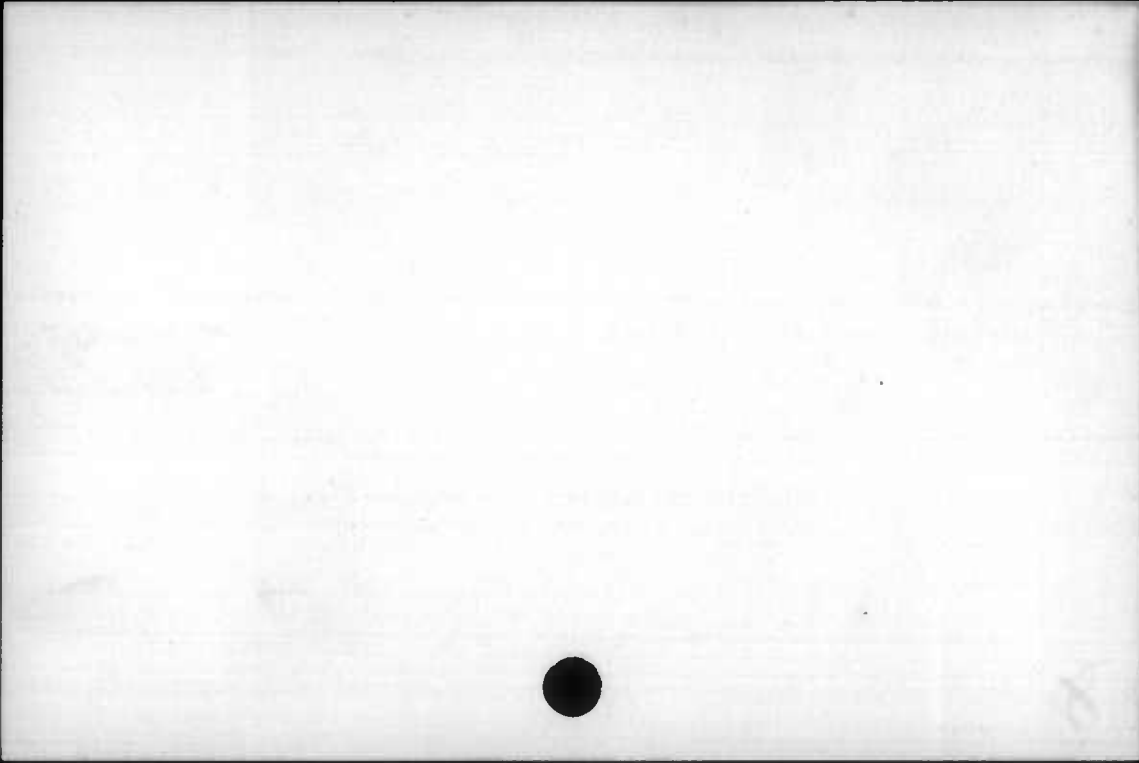
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Brownsville</i>		County <i>cc</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>10</i>	Day <i>16</i>	Age	Years	Months <i>7</i> Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>cc</i>		Birth-place <i>Ma</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Walter L Lavers</i>			Father's Birthplace <i>Ma</i>		
Mother's Maiden Name <i>Annie Brooks</i>			Mother's Birthplace <i>Ma</i>		
Name of person giving information <i>Father</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>3 weeks</i>
Immediate <i>Congestion Lungs</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Elmer Connor</i>
	Address <i>Brownsville A A C Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Lewis Vogel*

Died at *Brown* Town *an* County

DATE of death *1905* Month *10* Day *20* Age *53* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Ger*

Occupation *Lab* Where Residing if not at place of death *-*

Married, Single or Widowed *Married* Name of Wife or Husband *Kate Vogel*

Father's Name *Frank Vogel* Father's Birthplace *Germany*

Mother's Maiden Name *Barbara Vogel* Mother's Birthplace *Germany*

Name of person giving information *A J Rolly* How related to deceased *Brother in law*

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *3 days*

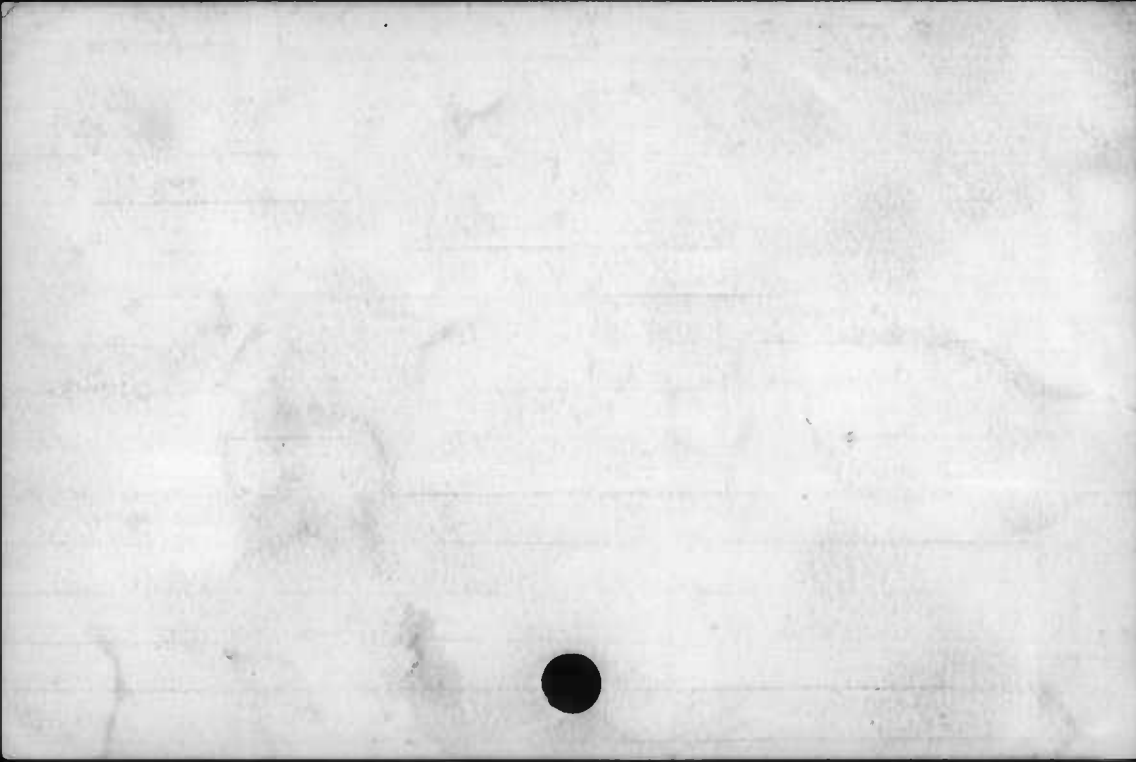
Immediate *Heart failure* How long *1 hour*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Chas. A. Brooke*

Address *Brooklyn*

Accident or Suicide? *-*





Name  
in  
Full

Ada Watts

## CERTIFICATE OF DEATH

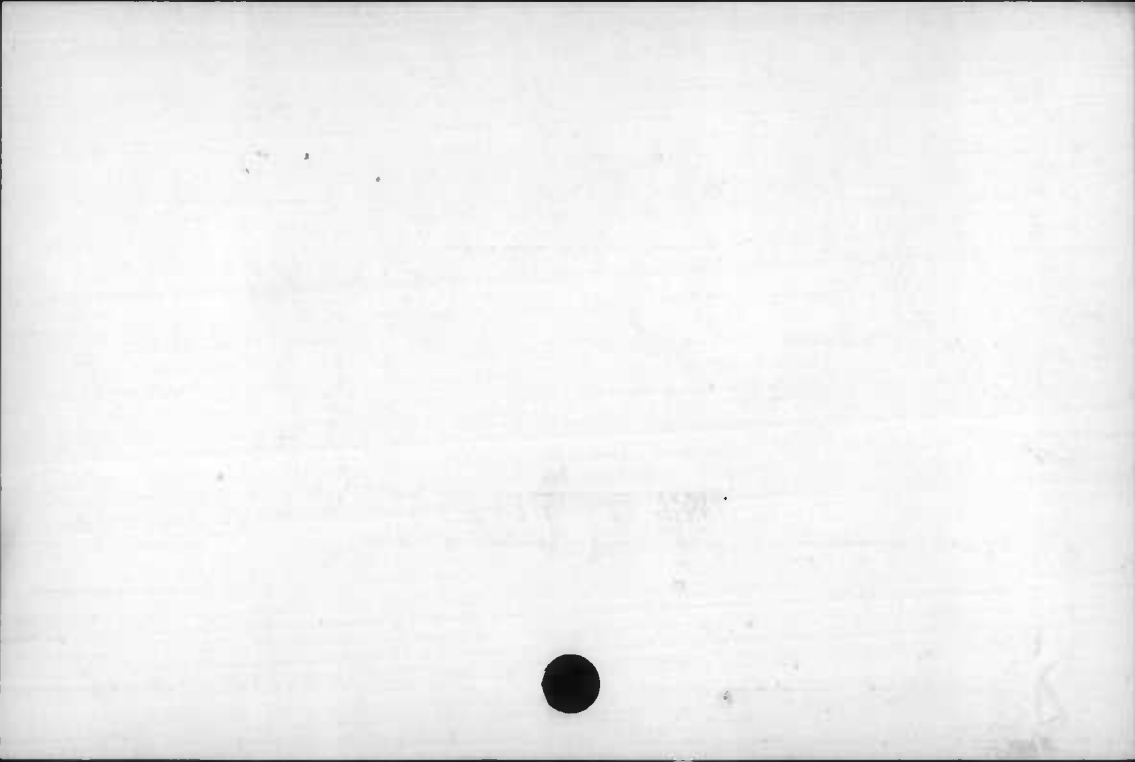
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Brownslyn		County a n		MARYLAND	
Date of death	1909	Month 10	Day 28	Age 1	Years	Months 10	Days
Sex	Female		Color or Race	White		Birth- place	m a
Occupation				Where Residing if not at place of death			
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name				Joshua Watts		Father's Birthplace	
Mother's Maiden Name				Lilly		Mother's Birthplace	
Name of person giving In formation				Joshua Watts		How related to deceased	
						Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Whooping Cough		How long	3 weeks
Immediate	Convulsions		How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Chas. F. Brooke		
Address		[Redacted]		
Accident or Suicide?				



Name  
in  
Full

Henrietta Wells

## CERTIFICATE OF DEATH

Died at <u>Annapolis</u> <sup>Town</sup>		<u>A-A-</u> <sup>County</sup>		MARYLAND	
Date of death	1909	Month	Oct	Day	19
Age	24	Years		Months	
Sex	Female	Color or Race	Colord	Birth-place	South River <sup>md</sup>
Occupation	Domestic	Where Residing if not at place of death	30	Gotts Court	
Married, Single or Widowed	Married	Name of Wife or Husband	Samuel Wells		
Father's Name	Henson Taylor	Father's Birthplace	South River <sup>md</sup>		
Mother's Maiden Name	Liggie Taylor	Mother's Birthplace	South River <sup>md</sup>		
Name of person giving Information	Samuel Wells	How related to deceased	husband		

## CAUSES OF DEATH

Primary	Carcinoma <sup>of the</sup> Caecum	How long	6 weeks
Immediate	Exhaustion	How long	one week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. P. Kuyper
		Address	60 Cathedral St. Annapolis
Accident or Suicidal	NO		

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Wen  
Annapolis

Town

County

MARYLAND

Date

of death

1907 Oct

Day

6

Age

16 1/2 years

Months

Days

Sex

Female

Color or  
Race

Colored

Birth-  
place

Annapolis Md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

Isaac Wen

Father's  
Birthplace

Annapolis Md

Mother's  
Maiden Name

Sadie Green

Mother's  
Birthplace

Annapolis Md

Name of person giving  
Information

Isaac Wen

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Still Born (infant)

How long

How long

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

P. D. Keene  
60 Cathedral St  
AnnapolisPHYSICIAN  
OR CORONER

Accident or Suicida

no



Name  
in  
Full

Luerenia White

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Robinson</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death	1909	Month	Oct	Day	27	Age	13	Years	Months
Sex	Female		Color or Race	Colored		Birth-place	Anne Arundel Co		
Occupation	School Girl.				Where Residing if not at place of death				
Married, Single or Widowed	Single.		Name of Wife or Husband						
Father's Name	Leo. White.					Father's Birthplace	Anne Arundel Co		
Mother's Maiden Name	Harriett Giles					Mother's Birthplace	Anne Arundel Co		
Name of person giving Information	Charles White.					How related to deceased	Uncle.		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pulmonary Tuberculosis.</i>		How long	<i>One year.</i>
Immediate	<i>Exhaustion -</i>		How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician <i>James S. Billingsley M.D.</i>	
			Address <i>Elston R. F. D. #1</i>	
Accident or Suicide		<i>No.</i>	<i>Ma.</i>	





Name  
in  
Full

William Wilkerson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Mar Friendship* <sup>County</sup> *A - A* **MARYLAND**

Date of death <sup>Month</sup> *1909 Oct* <sup>Day</sup> *18* <sup>Years</sup> *Age* <sup>Months</sup> *Two* <sup>Days</sup>

Sex *Male* Color or Race *Colored* Birth-place *Leitcher*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *William Wilkerson* Father's Birthplace *Ind*

Mother's Maiden Name *Florence Gross* Mother's Birthplace *Ind*

Name of person giving Information *Florence Gross* How related to deceased *Mother*

## CAUSES OF DEATH

151

How long

PHYSICIAN  
OR CORONER

Primary *Premature Birth*

Immediate *Heart Exhaustion* *Several hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. L. Brayshaw*

Address *Friendship Ind*

Accident or Suicide \_\_\_\_\_

(171)

